

THE  
ANNUAL REPORT  
ON THE  
HEALTH of the COUNTY BOROUGH  
and PORT OF GRIMSBY  
For the Year Ending 31st December, 1936,

BY

JAMES A. KERR, B.Sc., M.D., D.P.H.

Medical Officer of Health for the County Borough and Port of Grimsby  
Medical Officer to the Education, Public Assistance and  
Mental Deficiency Committees.  
Medical Superintendent of the Corporation Hospitals, and  
Administrative Tuberculosis Officer.

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**HEALTH COMMITTEE.**

(56 members).

CHAIRMAN :—ALDERMAN J. H. TATE, J.P.

DEPUTY-CHAIRMAN :—ALDERMAN W. S. BEALES, J.P.

## SUB-COMMITTEES OF THE HEALTH COMMITTEE.

*Chairman.*

Hospitals and Tuberculosis Joint	..	Councillor C. E. FRANKLIN, J.P.
Venereal Diseases	.. ..	Councillor C. H. WILKINSON, J.P.
Port Sanitary	.. ..	Councillor C. CANNING.
Sanitary	.. ..	Councillor J. W. LANCASTER.
Building Plans	.. ..	Councillor E. S. RUDKIN.
Tuberculosis Care	.. ..	Councillor C. E. FRANKLIN, J.P.
(with 16 co-opted members)		

## SPECIAL COMMITTEES.

Maternity and Child Welfare (22 members)—Alderman F. THORNTON, J.P.  
(with 11 co-opted lady members).

Care of Mental Defectives (18 members)—Alderman J. H. TATE, J.P.  
(with 3 co-opted lady members).

## LOCAL ACTS, ADOPTIVE ACTS, BYE-LAWS, AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

### LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock, &c.) Act, 1929.

### ADOPTIVE ACTS.

- The Infectious Disease (Notification) Act, 1889.
- The Public Health Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Parts II., III., IV., V., VI. and X.)
- The Public Health Act, 1925—(Sections 13 to 33 and 35 of Part II., 36 to 43 of Part III., and 51 to 55 of Part V.).

### BYE LAWS.

- Common Lodging Houses, 1892.
- Slaughterhouses, 1892.
- Offensive Trades, 1892.
- Public Bathing, 1892.
- Nuisances, 1892, 1898, 1901, and 1923.
- Houses-let-in-Lodgings, 1903.
- Water Closets—under Section 157 of P.H.A., 1875, and Section 23 of P.H.A.A.A., 1890.
- Section 23 of Municipal Corporations Act, 1882.
- Employment of Children, 1922.
- New Streets and Buildings, 1925.
- Premises where Food is prepared or cooked, 1926.
- Tents, Vans, Sheds and similar structures, 1926.
- Conduct of persons waiting in streets to enter public Vehicles, 1930.
- Smoke Abatement, 1936.

### LOCAL REGULATIONS.

- Grimsby Port Sanitary Authority Regulations.

## STAFF OF THE HEALTH DEPARTMENT.

The Staff of the Public Health Department on the 31st December, 1936, was as follows :—

### MEDICAL STAFF—(a) Whole-time :—

- J. A. KERR, B.Sc., M.D., D.P.H., *Medical Officer of Health, School Medical Officer, Medical Officer under the Mental Deficiency Acts and Medical Inspector of Aliens.*
- J. M. VINE, M.B., B.S., D.P.H., *Deputy Medical Officer of Health, Clinical Tuberculosis Officer and Medical Inspector of Aliens.*
- JANET W. HEPBURN, M.B., Ch.B., D.P.H., *Assistant Medical Officer, Maternity and Child Welfare.*
- RACHEL HALPERIN, M.B., B.S., D.P.H., *Assistant Medical Officer, Maternity and Child Welfare, and Assistant School Medical Officer.*
- W. G. SOUTHEY, M.B., B.S., D.P.H., *Assistant School Medical Officer.*

A. S. PLANT, M.R.C.S., L.R.C.P., *Venereal Diseases Medical Officer.*

(to 22nd August, 1936).

- D. J. CAMPBELL, F.R.C.P.E., D.P.H., L.D.S., *Venereal Diseases Medical Officer.* (Appointed November, 1936).
- G. P. McCAY MARSHALL, M.B., Ch.B., D.P.H., *Resident Medical Officer, of Grimsby Corporation Hospital.*

### (b) Part-time :—

- S. W. SWINDELLS, M.B., Ch.B., *Medical Officer, Scartho Road Institution.*
- A. HARRIS, M.B., Ch.B., *District Medical Officer, No. 1 District.*
- F. E. HAMPTON M.B., Ch.B., *District Medical Officer, No. 2 District.*
- J. COTTRELL, M.B., Ch.B., *Public Vaccinator.*
- C. L. GRANVILLE CHAPMAN, F.R.C.S.I., M.R.C.S., L.R.C.P., *Consulting Surgeon to the Corporation Hospital.*
- J. MACARTHUR, M.R.C.S., L.R.C.P., D.P.M., *Visiting Mental Specialist to the Mental Treatment Clinic.*
- J. W. BROWN, M.D., M.R.C.P., *Consulting Physician to the Corporation Hospital.*
- DRS. CHAPMAN, STEPHEN AND TURNER, *Consultants to the Maternity Home and also under the Puerperal Fever Regulations.*

### DENTAL SURGEONS.—(a) Whole-time :—

- C. F. SALT, L.D.S., *School Dental Officer.*
- A. W. MCCARTHY, L.D.S., *Assistant School Dental Officer.*

### (b) Part-time :—

- T. HALL FELTON, L.D.S., R.C.S., *Dental Surgeon to the Corporation Hospital.* (Appointed 1st July, 1936).

### ANALYTICAL.

- J. A. FOSTER, F.I.C. (Hull), *Borough Analyst.*—Part-time.

### VETERINARY SURGEON.

- A. J. HINES M.R.C.V.S., *Borough Veterinary Inspector.*—Part-time.



## SANITARY INSPECTORS.

BOROUGH :—

†\* J. G. WATSON, *Chief Sanitary Inspector.*†\*§M. CHAPMAN, *Chief Assistant Sanitary Inspector.*†\* J. J. TURNER, *Assistant Sanitary Inspector.*

†\* H. PARKINSON,           "           "

†\* W. A. CHIVERS,           "           "

§†\* G. H. EARNSHAW,           "           " (Appointed 2nd Nov., 1936).

†\* A. D. S. BLACKHALL,           "           " (Appointed 1st Dec., 1936).

PORT :—

F. STOKES, *Port Sanitary Inspector.*†\* R. MADELEY, *Assistant Port Sanitary Inspector.*†\* G. B. SEGROTT,           "           "  
T. J. E. FORD, *Rat Searcher and Pupil Sanitary Inspector.*

\* Sanitary Inspector's Certificate of R.S.I.

† Meat Inspector's Certificate of R.S.I.

§ Practical Sanitary Science, R.S.I.

## HEALTH VISITORS.

Miss A. M. D. ALLFORD, 1, 2, 3, Superintendent  
(Appointed 15th May, 1936).

Miss I. V. BRIGHAM, 1, 2, 3.           Miss C. LANCEFIELD, 1, 2, 3.

Mrs. C. E. CHAPMAN, 1, 2.           Miss I. SYLVESTER, 1, 2, 3.

Mrs. M. A. GREEN, 1, 2.           (Appointed 1st May, 1936).

Mrs. M. SHANNAN, 1, 2.           Mrs. B. SMITH, 1, 2, 3, Tuberculosis  
Miss E. SPROSTON, 1, 2.           Dispensary.

1. Certificate of Central Midwives Board.

2. General trained Nurse.

3. Health Visitors' Certificate of R.S.I.

## CLERICAL.

T. E. DAVIDSON, Chief Clerk.           Miss E. B. MASON (M. &amp; C.W.).

R. TULLOCH.           Miss E. M. RICHARDSON (M. &amp; C.W.).

W. R. GALE.           (Resigned 31st March, 1936).

A. MANSON.           Miss I. WROOT (M. &amp; C.W.).

G. H. CHEFFINGS (Port).           Miss E. E. LUCAS (M. &amp; C.W.).

(Appointed 14th April, 1936).

Miss K. BRIGGS (M. &amp; C.W.).

(Appointed 1st May, 1936).

## LABORATORY ASSISTANTS.

D. AMERY, Public Health Laboratory.

F. N. BULLOCK, V.D. Laboratory.

H. THOMAS, V.D. Orderly.

## MENTAL DEFICIENCY.

Miss M. LAXTON, *Petition Officer and Mental Welfare Visitor.*Miss G. LAWTEY, *Supervisor, Occupation Centre.*Miss C. A. WRIGHT, *Assistant Supervisor, Occupation Centre.*

## VACCINATION OFFICER.

E. BROWN (also acts as *Deputy Petition Officer for Mental Defectives*).



**Voluntary Workers in regular attendance at Infant Welfare  
Centres during 1936.**

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**HAMILTON STREET.**

Mrs. Callicott, 105 Harrington Street, Cleethorpes.  
 Mrs. Cheffings, Ervillers, Weelsby Grove, Grimsby.  
 Mrs. Davidge, Winton, Louth Road, Scarthoe, Grimsby.  
 Mrs. Elmes, 12 Cumberland Avenue, Grimsby.  
 Mrs. Gagg, 108 Brereton Avenue, Cleethorpes.  
 Miss Guy, Stanton, New Waltham.  
 Mrs. Ingamells, The Ings, Little Coates Road, Grimsby.  
 Mrs. Kennington, 15 Princes Avenue, Grimsby.  
 Mrs. Kerr, 6 Lansdowne Avenue, Grimsby.  
 Miss Moon, 20, Heneage Road, Grimsby.  
 Mrs. Price, 9 Stratford Avenue, Grimsby.  
 Mrs. Satchell, 4 Deansgrove, Grimsby.  
 Mrs. Stevenson, 37 Rialto Avenue, Grimsby.  
 Mrs. Thornton, Jnr., Crackenedge, Laceby Road, Grimsby.  
 Mrs. Watkinson, 55 Welholme Road, Grimsby.

**WATKIN STREET.**

Mrs. Annis, 131 Second Avenue, Nunsthorpe, Grimsby.  
 Mrs. Goodfellow, 26 Manor Avenue, Grimsby.  
 Mrs. Harris, 54 Clifton Road, Grimsby.  
 Councillor Mrs. Larmour, 8 Stratford Avenue, Grimsby.  
 Mrs. Thistleton, 14 Ashtree Avenue, Grimsby.

**VICTORIA STREET.**

Mrs. Claybyn, 5 Queen's Parade, Grimsby.  
 Mrs. Heath, 119 Wintringham Road, Grimsby.  
 Mrs. Kendall, Minton, Fairfield, Scarthoe, Grimsby.  
 Mrs. Mason, 18 Portland Place, Grimsby.  
 Misses Todd, Ribbyholme, Laceby Road, Grimsby.  
 Mrs. Trimm, 78 Seaview Street, Cleethorpes.

**NUNSTHORPE.**

Miss Bacon, 45 Abbey Park Road, Grimsby.  
 Mrs. Bescoby, 2 Newton Grove, Nunsthorpe, Grimsby.  
 Mrs. Clapton, St. Michaels, The Broadway, Grimsby.  
 Mrs. Dickinson, 39 Cross Coates Road, Grimsby.  
 Mrs. Hewson, 50 Huddleston Road, Grimsby.  
 Miss Kirby, Highfields Farm House, Weelsby, Grimsby.  
 Mrs. Krill, 92 Patrick Street, Grimsby.  
 Mrs. Labourne, 132 Lambert Road, Grimsby.  
 Miss Ross, 67 Park Avenue, Grimsby.  
 Miss Turrell, 72 Park Avenue, Grimsby.

*To the Chairmen and Members of the Public Health, Maternity and Child Welfare, and the Care of Mental Defectives Committees.*

LADIES AND GENTLEMEN,

I have the honour to submit my third Annual Report in respect to the Health Services of this County Borough.

The various services have been further expanded and co-ordinated during the year as will be seen in detail in the body of the report. The last great gap in the social services will be filled when the Municipal Hospital is built, and in-patient accommodation is available for the other branches of the Health Department similar to those provided for tuberculosis and maternity cases. During the year the provisional plans for this hospital were approved by the Ministry of Health.

The provision of new and satisfactory premises for the tuberculosis, school and dental clinics awaits your attention, as does the replacement of the unsatisfactory premises at the Hamilton Street infant welfare centre. The building of the new combined maternity and child welfare and dental clinic at Watkin Street was commenced during the year, and its completion will be of the greatest assistance in the additional strain thrown on this branch of public health work through the coming into force of the Midwives Act, 1936. It is also proposed to establish an additional infant welfare centre in the Old Clee district. It is unfortunate that there has been since the War a lag in the development of social services in Grimsby so that now, while the town is going through a difficult economic period, the ratepayers are faced with a slight increase in expenditure as far as the health services are concerned. It will be appreciated, however, that the greater the unemployment and distress in the town the greater must be the demand for such social services, and the greater the financial burden owing to the diminished payments made for such services by the persons utilising them.

The vital statistics for the year are satisfactory: the birth-rate continues to be relatively high as compared with the rest of the country. It has remained practically stationary since 1931, and is 17·9 as compared with 14·8 for the country as a whole. The death-rate when adjusted according to age incidence is much the same as that for the country as a whole, while the infant mortality rate is 67 per thousand births compared with 59 for England and Wales, and 63 for the 122 large towns and county boroughs. The incidence of diphtheria continues to be low, only 48 cases having occurred during the year. Thus the children of Grimsby are given little opportunity of acquiring a natural immunity and this gives rise to some anxiety. Energetic steps will, however, be taken to carry out an immunization campaign in the near future. I wish specially to draw the attention of the committees to the graph on page 134 shewing how the tuberculosis death-rate in Grimsby, a seaport, is falling below that of the country as a whole.

In this introduction I should like to take the opportunity of referring to some special features of the year 1936. :—

(a) The new Nurses Home at the Grimsby Corporation Hospital was completed and opened by the Mayoress (Mrs. J. W. Prior) on the 30th July, 1936. All that remains necessary for this hospital is the provision of a porter's lodge and waiting accommodation for visitors, and an overhaul of the heating arrangements,

(b) For the first time it has been possible to provide two separate toddlers' clinics. When this service has been more fully utilised it will tend to diminish the number of school children found to be physically defective on entry.

(c) Negotiations were completed during the year with the Grimsby and District Hospital to fill a long felt want in the health services of the Borough, namely, the provision of a satisfactory orthopædic scheme.

(d) Negotiations are at present in hand with other local authorities to evolve a satisfactory regional scheme for the treatment of cancer and thus close another gap.

(e) In conformity with the idea underlying the local Government Act, 1929, the local authority decided that in future financial assistance to the blind should be given through the medium of the Grimsby Society for the Blind and not by means of the Poor Law.

(f) Thanks to the activities of two energetic petition officers the ascertainment of mental defectives has made rapid progress, and when the new low-grade colonies of the Joint Board are ready for occupation the arrears in respect to this branch of work will almost have been overcome.

(g) The slum clearance programme proceeds according to schedule, and as will be seen from the section in the report dealing with this subject the overcrowding survey carried out during 1936 revealed a most satisfactory position, Grimsby having with two exceptions less overcrowding than any other county borough in England.

(h) The skeleton plan of the medical arrangements in regard to the Air Raid Precautions scheme was completed during the year.

As an expression of my personal thanks the names of the voluntary workers who have been in regular attendance at the clinics have been placed in this report: if there are any errors of omission I apologise in advance. Additional recruits would always be welcomed to help at the clinics, to make garments, to teach simple cookery, etc.

During the year the department sustained a most grievous loss in the tragic death of my friend and colleague, Dr. Arthur S. Plant. His death was felt very deeply by all his colleagues, the members of the local authority, the medical profession in the town, those specially interested in the welfare of animals, and the many patients to whom during the past years he has given of his best. Early in 1937 we also lost the services of the Deputy Chairman of the Health Committee, Alderman W. S. Beales, J.P., together with two sanitary inspectors, Mr. Matthew Chapman and Mr. Richard Madeley, who had both given many years loyal service to the department.

I should like to take this opportunity to record my grateful thanks to Aldermen Tate and Thornton, and to the Committees for much help and consideration, and to all the members of my staff for their loyal and enthusiastic service throughout the year. Special mention must be made of my personal office staff who, owing to pressure of work and insufficient accommodation, have had to carry out a considerable amount of overtime work, and have done so in a most willing manner.

I am, Ladies and Gentlemen,

Yours faithfully,

JAMES A. KERR,

Medical Officer of Health.

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**SECTION A.**

**STATISTICS & SOCIAL CONDITIONS.**

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SECTION A.—**STATISTICS AND SOCIAL CONDITIONS.**

## I.—GENERAL STATISTICS.

Area (in acres—excluding foreshore).....	5,468
Registrar-General's estimate of resident population, mid-1936 .....	93,690
Number of inhabited houses (end of 1936) according to Rate Books..	24,554
Rateable value .....	£520,352
Sum represented by a penny rate.....	£1,902

## 2.—EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live Births :—	Males.	Females.	Total.	
Legitimate ..	788	778	1566	Birth Rate per 1,000 of the estimated resident population 17·9
Illegitimate ..	57	54	111	
	<u>845</u>	<u>832</u>	<u>1677</u>	
Stillbirths .....	46	31	77	Rate per 1,000 total (live and still) births—43·9.
Deaths .....	566	512	1078	Death Rate per 1,000 of the estimated resident population —11·5.

Adjusted Death-rate (Factor 1·07) ..... 12·3

Deaths from puerperal causes (Headings 29 and 30 of the Registrar-General's Short List) :—

	Deaths.	Rate per 1,000 total (live and still) births.
No. 29. Puerperal sepsis .....	6	3·42
No. 30. Other Puerperal causes .....	1	0·57
Total .....	<u>7</u>	<u>3·99</u>

Death Rate of Infants under one year of age :—

	Rate
All infants per 1,000 live births .....	67
Legitimate infants per 1,000 legitimate live births .....	69
Illegitimate infants per 1,000 illegitimate live births .....	45

	Number
Deaths from Cancer (all ages) .....	146
„ „ Measles (all ages) .....	13
„ „ Whooping Cough (all ages) .....	5
„ „ Diarrhoea (under 2 years of age) .....	14

The town continues to expand outwards, but the building rate is slowed up considerably as compared with last year. According to the rate-books there are at the end of 1936, 24,554 inhabited houses, which is 269 more than last year. The corresponding increase during 1935 was 477.

The Manager of the Employment Exchange has kindly furnished particulars regarding the number of unemployed persons in Grimsby :—

Total Live Register in January, 1936 (including temporarily stopped claimants)	.. .. . 8327
Total Live Register in July, 1936 (including temporarily stopped claimants)	.. .. . 7397
Total Live Register in December, 1936 (including temporarily stopped claimants)	.. .. . 8229

It will be seen that there was a large upward jump in the unemployment figures at the commencement of the year, and then the figures remained relatively constant throughout the year. This corresponds with the information available through enquiries made in assessment of the charges for the various social services run by this Department.

Three things are hitting Grimsby fairly badly—(a) the present tariff policy of this country ; (b) the continued lack of more subsidiary industries in the town, although further efforts are being made to attract them ; and (c) the recent tendency to transfer trade to other Humber ports. The absence of suitable employment for young women tends to keep the population static despite the relatively high birth-rate, and thus it is that Grimsby is one of the very few large towns where the males exceed the females. With the general economic improvement of the country some improvement in these figures during 1937 is expected, but Grimsby always lags in the economic cycle a little behind the rest of the country. It feels the effect of depression last, and likewise of economic recovery.

There were no marked epidemics of infectious disease in Grimsby during the year, the influenza wave just starting at the end of the year. The factor for obtaining the adjusted death rate was the same as last year, and this feature is incorporated in this report for the third time.

The Registrar-General's estimate of the mid-year population of Grimsby for 1936 is 93,690, a decrease of two hundred and ten on his estimate for the previous year.

This is the first occasion for many years in which a decrease has been estimated by the Registrar-General ; thus we see the effect of a continuous exodus of young persons from Grimsby in search of employment.

The natural increase of the population, *i.e.*, the excess of births over deaths, for the year was 599.



## Births.

There were 1,677 births registered as having taken place during the year within the Borough. The transferable births were equal, 42 outward and 42 inward, making the total still 1,677 for the Borough—845 males and 832 females.

This gives a birth-rate of 17·9, which is back to the level of the last quinquennial period, and which is much above the figure for the country as a whole.

One hundred and eleven (6·6 per cent.) of the births were illegitimate. (This compares with 4·2 per cent. for the rest of the country during 1935).

In 1935, 69 more boys than girls were born, but this year the difference was only 13.

Table showing the birth-rate recorded in the Borough for the last 10 years, along with the corresponding rate for England and Wales :—

Year.	Number of Births.	Rate.	Birth Rate. England & Wales.
1927	1654	18·7	16·7
1928	1702	18·8	16·7
1929	1673	18·2	16·3
1930	1745	19·0	16·3
1931	1650	17·8	15·8
1932	1652	17·9	15·3
1933	1671	17·9	14·4
1934	1738	18·5	14·8
1935	1621	17·2	14·7
1936	1677	17·9	14·8

## Deaths.

There have been 1,153 deaths registered as having occurred during the year within the Borough. Of this number 105 were deaths of non-residents ; these have been referred to the districts in which the persons ordinarily resided. There were 30 deaths of residents which occurred in other parts of England and Wales, and these have to be added to the above number.

The actual number of deaths, therefore, which has to be recorded in calculating the death-rate is 1,078. This gives a death rate of 11·5 per thousand of the population, compared with 11·8 in 1935.

There were three uncertified deaths.

The appended statement shows the Death Rate for the last 10 years, compared with that for England and Wales :—

Year.	Grimsby.	England and Wales.
	Crude Death Rate.	Death Rate.
1927	11·7	12·3
1928	11·3	11·7
1929	13·9	13·4
1930	12·0	11·4
1931	12·0	12·3
1932	12·5	12·0
1933	12·4	12·3
1934	11·0	11·8
1935	11·8	11·7
1936	11·5	12·1

The adjusted death-rates are shewn in the following table :—

ENGLAND AND WALES AND GRIMSBY—DEATH RATES.

		1932	1933	1934	1935	1936
England and Wales	..	12·0	12·3	11·8	11·7	12·1
Grimsby	{ Crude ..	.. 12·5	12·4	11·0	11·8	11·5
	{ Adjusted	.. 13·3	13·2	11·8	12·6	12·3

There were 113 deaths of infants under one year of age, giving an infantile mortality rate of 67 per thousand births, compared with 59 for England and Wales, and 63 for the 122 large towns and county boroughs.

Infantile  
Mortality.

This shews a slight increase in the figure for 1935 and is still a little above the average for the rest of the country. The great increase in mothercraft teaching rendered possible by the expansion of the maternity and child welfare scheme will have its effect in due course.  
(For further information see *Maternity and Child Welfare*, page 38).

The following table gives the rate of infantile mortality over a series of years, and the corresponding rate for England and Wales :—

Year	No. of Deaths.	GRIMSBY.		Rate per 1,000 Births England and Wales.
		Rate per 1,000 of Population.	Rate per 1,000 Births.	
1911	328	4.37	154	130
1912	217	2.84	104	95
1913	240	3.09	114	109
1914	278	3.54	131	105
1915	210	2.91	106	110
1916	189	2.59	99	91
1917	158	2.16	103	97
1918	207	2.83	129	97
1919	143	1.83	80	89
1920	216	2.63	90	80
1921	222	2.69	102	83
1922	187	2.26	93	77
1923	153	1.80	78	69
1924	183	2.13	99	75
1925	127	1.46	71	75
1926	157	1.80	90	70
1927	109	1.23	66	69
1928	132	1.46	77	65
1929	148	1.61	88	74
1930	129	1.41	74	60
1931	100	1.08	61	66
1932	111	1.20	67	65
1933	114	1.22	68	64
1934	86	0.91	49	59
1935	102	1.08	63	57
1936	113	1.20	67	59

Old Age                      Deaths of persons who have attained the age of seventy  
 Death Rate.      years and over are included under this head.

During the year 390 persons died at ages varying from 70 to 96, the numbers at age periods being :—

Between 70 and 75 years	..	..	..	124
„ 75 and 80 years	..	..	..	133
„ 80 and 85 years	..	..	..	81
„ 85 and 90 years	..	..	..	38

Also nine at 90, two at 91, two at 92 and one at 96.

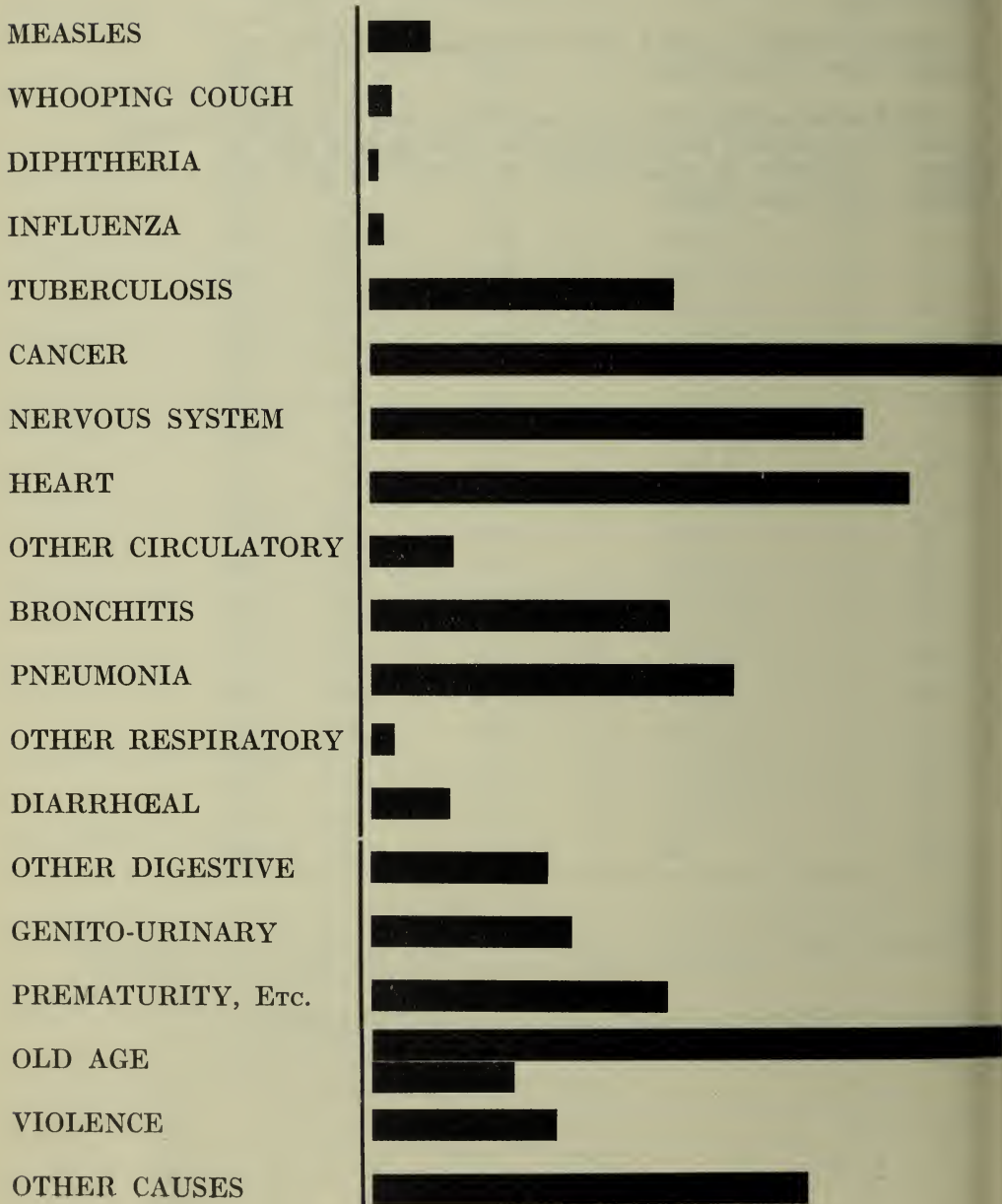
The rate per thousand of the population was 4·16, and the percentage of the total deaths was 36·1, as compared with 34·4 the previous year.

Grimsby continues to be a place where many live to the proverbial "three score and ten."

One hundred and twenty-eight Coroner's Inquests or Inquiries were held as compared with 140 last year ; the findings were as follows :—Accident or misadventure 49 ; Natural causes 69 ; Suicide 9 ; and open verdict 1. Inquests.

**RELATIVE MORTALITY FROM CERTAIN CAUSES.**

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**SECTION B.**

**GENERAL PROVISION OF  
HEALTH SERVICES.**

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## SECTION B.—GENERAL PROVISION OF HEALTH SERVICES.

### Public Health Officers.

A list of the officers of the Public Health Department is given on pages 8 and 9.

Reference has already been made in the introductory letter to the loss sustained by the Department in the sudden death of Dr. A. S. Plant. Thanks are due to Dr. A. Harris and Dr. P. R. Riggall for giving temporary assistance in the emergency to enable the Venereal Disease Department to be carried on in a satisfactory manner.

The staff of health visitors was augmented during the year by the appointment of a Superintendent Health Visitor and an additional Health Visitor, and the staff of Sanitary Inspectors was again during the year brought up to the figure at which it was before the retirement of the former Chief Sanitary Inspector. Unfortunately, early in 1937, the Department sustained further loss by the deaths of Mr. M. Chapman and Mr. R. Madeley.

### Laboratory Facilities.

At the Grimsby and District Hospital the laboratory has been fully equipped, and a complete pathological and bacteriological service for the town has been inaugurated. The Bruce laboratory is recognised by the Ministry of Health as suitable for bacteriological examination of samples of water and milk.

It has also been recognised by the Home Office as a laboratory in which animal inoculations can be carried out.

A large amount of routine bacteriological work is also carried out at the laboratories in the Public Health Department, and in the Corporation Hospital. (*See Table x. on page 202.*)

As a routine procedure swabs are taken of contacts of cases of diphtheria, scarlet fever, etc., in food handlers, school teachers, etc. Swabs are also taken of all contacts in cases of puerperal fever, and every endeavour is made to carry out a routine blood culture in all such cases.

The V.D. Laboratory is recognised as a training school for V.D. pathologists. This laboratory examines specimens sent by the city of Lincoln and the Lindsey County Council. During the year 1,721 microscopical tests and 2,923 serum tests were carried out: of these 880 and 1,378 respectively related to persons residing in Grimsby.

### Ambulance Facilities.

**INFECTIOUS CASES.**—The Corporation Hospital has three modern ambulances, which are also used for transporting cases of tuberculosis from the sanatorium to the dispensary for X-ray examinations, etc.

**NON-INFECTIOUS AND ACCIDENT CASES.**—There are three Police ambulances available for accidents and for the removal of cases to hospital.

The ambulance service for the area is adequate.

GENERAL.—The Queen's Nurses of the Grimsby and District Nursing Institution are employed for this purpose, which includes such diseases as pneumonia, cancer and tuberculosis as well as obstetric cases. Under the provisions of the Local Government Act, 1929, the Maternity and Child Welfare Committee make an annual grant of £75 to this organisation. This will be increased during the next quinquennial period to £100. After careful consideration of the position, the Institution has decided to give up midwifery work after the scheme of the Local Authority, rendered necessary by the Midwives Act, 1936, has come into operation.

Nursing in  
the Home.

INFECTIOUS DISEASES.—The Local Authority pay for the nursing of cases of ophthalmia neonatorum and special cases of measles, whooping cough, etc., recommended by the Medical Officer of Health. These nurses are also available for cases under the Notification of Puerperal Fever and Puerperal Pyrexia Regulations, 1926.

A summary of the work carried out by the staff of the Grimsby and District Nursing Institution is set out below :—

MOTHERS.	Cases.	Visits.
Midwifery .. .. .	187	1,937
Maternity .. .. .	208	2,205
Ante-natal .. .. .	—	714
Post-natal .. .. .	—	294
Ante-natal Clinic .. .. .	—	747
General .. .. .	93	1,262
Puerperal Fever and Pyrexia Regulations, 1926 :—		
Puerperal Fever .. .. .	—	—
Puerperal Pyrexia .. .. .	19	318
CHILDREN under 5 years of age.		
Medical .... .. .	149	1,654
Surgical .. .. .	61	726
Discharging Eyes .. .. .	37	706
	<hr/> 754	<hr/> 10,563

Clinics and  
Treatment  
Centres.

The Clinics and Treatment Centres provided by the Local  
Authority and Education Authority in the Borough are as follows:—

Name.	Where Held.	Times.
MATERNITY AND CHILD WELFARE		
Ante-Natal Clinics ..	Municipal Maternity Home, Nunsthorpe (Maternity Home Cases only). Watkin Street	Monday 9-30 a.m.—10-30 a.m. Wednesday 2 p.m.—4 p.m. Friday 9-30 a.m.—11-30 a.m.
Post-Natal Clinics ..	Municipal Maternity Home, Nunsthorpe (Maternity Home cases only) Watkin Street	Monday 2 p.m.—4 p.m. Friday 2 p.m.—4 p.m. Monday 10-30 a.m.—12.  Saturday 10-30 a.m.—11-30 a.m.
Infant Welfare Centres ..	Second Avenue, Nunsthorpe. Hamilton Street Watkin Street Hamilton Street Victoria Street Church Hall, Old Clee	Monday 10 a.m.—12. Monday 2 p.m.—4 p.m. Tuesday 2 p.m.—4 p.m. Tuesday 2 p.m.—4 p.m. Thursday 2 p.m.—4 p.m. Thursday 2 p.m.—4 p.m. Friday 2 p.m.—4 p.m.
Toddlers Clinic ..	Second Avenue, Nunsthorpe. Hamilton Street	Monday 9-30 a.m.—11-30 a.m.  Friday 9-30 a.m.—11-30 a.m.
Ultra-Violet Radiation Clinic ..	Hamilton Street Hamilton Street	Monday 9-30 a.m.—12. Wednesday 10-30 a.m.—12.
Breast Feeding Clinic ..	Hamilton Street Second Avenue, Nunsthorpe.	Friday 2 p.m.—4 p.m. Tuesday 9 a.m.—10-30 a.m.
Mothercraft Class ..	Hamilton Street Second Avenue, Nunsthorpe. Watkin Street	Wednesday 9 a.m.—10-30 a.m. Tuesday 2 p.m.—4 p.m.
Dental Clinic ..	Watkin Street	Friday 2 p.m.—4 p.m. Thursday 2 p.m.—4 p.m.
SCHOOL MEDICAL SERVICE. School Clinic ..	Municipal Hall, Burgess Street	Daily 9 a.m.—1 p.m. except Saturday.
Eye Clinic ..	Municipal Hall, Burgess Street	Tuesday 2 p.m. by appoint- ment only ; also on alter- nate Fridays at 2 p.m.
Malnutrition Clinic ..	Municipal Hall, Burgess Street	Alternate Fridays 2 p.m.
Rheumatic and Heart Clinic ..	Municipal Hall, Burgess Street	Alternate Wednesdays by appointment.
Dental Clinic ..	Hamilton Street Hamilton Street Hamilton Street Hamilton Street Hamilton Street	Monday 9 a.m. (fillings) Tuesday 9 a.m. (extractions) Tuesday 2 p.m. (extractions) Wednesday 9 a.m. (fillings) Thursday 9 a.m. (fillings) Friday 9 a.m. (Casuals) 2 p.m. (Tuberculosis patients). Men 1st Friday. Women 2nd, 3rd & 4th Friday.
	Armstrong Street School	Daily

Name.	Where Held.	Times.
ANTI-TUBERCULOSIS SERVICE. Tuberculosis Dispensary ..	Municipal Hall, Burgess Street	Tuesday 2 p.m. Wednesday 2 p.m., & 5-30 p.m. Thursday 2 p.m.
Artificial Pneumothorax ..	Municipal Hall, Burgess Street	Monday 11 a.m.
Ultra-Violet Radiation Clinic	Municipal Hall, Burgess Street	Monday 9 a.m. Wednesday 9 a.m. Friday 9 a.m.
VENEREAL DISEASES CLINIC.	38 Queen Street	Monday <i>Men</i> 4-30 p.m.—6-30 p.m. <i>Women</i> 2 p.m.—3-30 p.m. Tuesday <i>Women</i> 4-30 p.m.—6-30 p.m. Wed. <i>Men</i> 4-30 p.m.—6-30 p.m. <i>Women</i> 2 p.m.—3-30 p.m. Thurs. <i>Men</i> 1-30 p.m.—3-30 p.m. <i>Women</i> 10 a.m.—11-30 a.m. Fri. <i>Men</i> 4-30 p.m.—6-30 p.m.
OTHER SERVICES :— Mental Clinic ..	Grimsby & District Hospital	Monthly as required.
Occupation Centre ..	Stortford Street Mission Hall	Daily.

GRIMSBY AND DISTRICT HOSPITAL.—I am indebted to Mr. Hospitals. H. B. Coates, the Secretary-Superintendent, for the following notes and statistics in regard to this Voluntary Hospital :—

The full accommodation at the Hospital of 164 beds has been available throughout the year 1936, and the following is the allocation of beds :—

Male	Surgical .. .. .	55
Female	Surgical .. .. .	42
Male	Medical .. .. .	20
Female	Medical .. .. .	20
Children	Surgical and Medical .. .. .	15
Pay Bed Wards	Medical or Surgical .. .. .	9
Isolation Wards	Medical or Surgical .. .. .	3
		<hr/> 164 <hr/>



The following new developments took place at the Hospital during the year 1936 :—

During the year a resolution was adopted by the Managing Committee that in future all children having operation treatment for Tonsils and Adenoids should be admitted to the ward for at least one night. This has been a great convenience to parents and also towards the proper treatment of patients suffering from these defects. These patients now attend on Monday morning and are admitted to the ward, operated on on Monday afternoon, and if satisfactory discharged Tuesday midday. A further lot is done on Friday morning and discharged on Saturday midday.

During the year the following patients have been dealt with under this scheme :—

Total number of cases	..	..	..	..	..	93
Cases residing in the Borough, under school age	..	..	..	..	..	7
Cases residing in the Borough of school age	..	..	..	..	..	86

#### BLOOD TRANSFUSION SERVICE.

Towards the end of the year a meeting was held at which members of the Health Committee, Managing Committee of the Hospital, and volunteer blood donors were present. It was resolved to extend the service of this scheme to cover all Institutions in the town. Volunteer donors will therefore be available for all these patients from early in 1937. Additional volunteers are urgently required, also the co-operation of all employers of labour is desired to enable their employees to have time off to give this valuable assistance to the sick and suffering. It is hoped that by the end of 1937 this new scheme will be flourishing.

#### EQUIPMENT.

During the year the Hospital has purchased a new Shockproof Mobile X-ray Unit costing £350. This is the latest development in X-ray technique and science.

A new Diathermy Apparatus was purchased during the year for use in bloodless surgery, and this apparatus cost £150.

#### NURSING.

The first annual prize giving to Nursing Staff was held during 1936, and in addition to the Alderman Barrett Gold and Silver Medal there has been awarded to the best nurse of the year a free scholarship in Midwifery training at the Leeds Maternity Hospital, value £25. This scholarship was the award of the Committee, with the help of the Trustees of the late Mr. John Barker.

#### CONVALESCENT FUND.

Full use has been made of the income derived from the King Edward VII. Memorial Fund, and during the year 20 patients have been sent to various Convalescent Homes under the auspices of this Fund. A number have been sent as a direct recommendation by the Maternity and Child Welfare Committee of the Corporation.

In-patient and out-patient statistics are as follows :—

	1936.	1935.	In-crease.	De-crease.
1. No. of beds available for use ..	164	164	—	—
2. Daily average No. of patients resident throughout the year ..	141.9	141	.9	—
3. No. of patients in Hospital 1st Jan.	136	117	19	—
4. No. of patients admitted .. ..	2500	2331	169	—
5. No. of patients admitted to Pay-block (included in No. 4) ..	128	111	17	—
6. No. of patients in Hospital on 31st December .. .. .	134	136	—	2
7. Average No. of days each patient was resident .. .. .	19.7	21	—	1.3
8. No. of deaths in Hospital during the year .. .. .	101	131	—	30
(Percentage of deaths after deduction of patients who died within 48 hours of admission) .. ..	2.8	4.1	—	1.3

#### OPERATIONS.

9. Major .. .. .	1683	1389	294	—
10. Minor .. .. .	773	646	127	—
Tonsil and Adenoids .. ..	223	265	—	42
Dentals .. .. .	831	647	184	—

#### OUT-PATIENTS.

11. Total No. of New Out-Patients ..	8223	6851	1372	—
12. Total No. of Out-Patient .. .. attendances .. .. .	21747	27193	—	5446
13. No. of Casualties (included in No. 11)	5810	5326	484	—
14. No. of Casualty Attendances (included in No. 12) .. .. .	16879	23351	—	6472
New Ophthalmic Cases (included in No. 11) .. .. .	398	238	160	—
Ophthalmic Case attendances (included in No. 12) .. .. .	1072	720	352	—
New Medical Cases (included in No. 11) .. .. .	464	316	148	—
Medical Case attendances (included in No. 12) .. .. .	995	1143	—	148
New Skin Cases (included in No. 11)	93	65	28	—
Skin case attendances (included in No. 12) .. .. .	402	493	—	91
New Gynæcological Cases (included in No. 11) .. .. .	265	137	128	—
Gynæcological Case Attendances (included in No. 12) .. .. .	374	212	162	—
Aural Cases (included in No. 11) ..	510	348	162	—
Aural Case attendances (included in No. 12) .. .. .	888	797	91	—
New Surgical Cases (included in No. 11) .. .. .	664	396	268	—
Surgical Case attendances (included in No. 12) .. .. .	1135	477	658	—
New Urological Cases (included in No. 11) .. .. .	3	—	—	—
New Mental Diseases Cases (included in No. 11) .. .. .	16	25	—	9
Mental Disease Case attendances (included in No. 12) .. ..	2	1	1	—

#### X-RAY DEPARTMENT.

15. No. of X-ray Skiagraphs .. ..	8413	7139	1274	—
16. No. of Screens .. .. .	559	347	212	—



		1936.	1935.	In-crease.	De-crease.
ELECTRICAL DEPARTMENT.					
17.	In-Patient treatments .. ..	1278	1482	—	204
	Out-Patient treatments .. ..	7599	8951	—	1352
MASSAGE DEPARTMENT. ..					
19.	In-Patient Treatments .. ..	1221	1569	—	358
20.	Out-Patient Treatments .. ..	5921	6864	—	943
PATHOLOGICAL DEPARTMENT.					
21.	Specimens received—total ..	3758	2452	1306	—
	74 Motor Accident cases (included in No. 4) have been treated during the year.				
	48 Out-Patient Motor Accident Cases (included in No. 13) have been treated during the year.				
GRIMSBY :—					
	In-Patients .. ..	1661	1620	41	—
	Out-Patients .. ..	1893	1156	737	—
	Casualties .. ..	4801	4277	524	—
OUTSIDE THE BOROUGH.					
	In-Patients .. ..	839	711	128	—
	Out-Patients .. ..	520			
	Casualties .. ..	1009	1047	—	38

In addition to the above, 394 Grimsby residents availed themselves of the facilities offered at the HULL ROYAL INFIRMARY—171 in-patients and 223 out-patients. The approximate number of out-patients attendances was 670.

GRIMSBY CORPORATION HOSPITAL.—This Hospital consists of 76 beds for infectious diseases and 98 beds for pulmonary and surgical tuberculosis. The latter beds are augmented in the summer months by four huts.

During the year the new combined Nurses, Home and Administrative Block, which contains 66 bedrooms, was completed, and has proved a great boon. It was formally opened by the Mayoress, Mrs. J. W. Prior. The Hospital is now in a reasonably satisfactory state, with the exception of the following matters which it is hoped will receive attention during 1937 :—

- (a) A complete overhaul of the entire heating system ;
- (b) Provision of a porter's lodge, and additional waiting rooms and lavatories for patients relatives ; and
- (c) Additional sluice accommodation in the puerperal ward.

A large number of cases, both of tuberculosis and of infectious diseases, continue to be admitted from outside areas, and it is hoped to treat some of the more severe cases of surgical tuberculosis at the Hospital, cases which were formerly sent away to other hospitals, now that a Consultant Orthopædic Surgeon is available.

**LACEBY HOSPITAL.**—This small Hospital of 20 beds has been kept in a good state of repair and in a fit state to admit small-pox cases, if the need arose, at a few hours notice.

It has been finally decided that this hospital should be retained, in view of its possible use as a base hospital in the Air Raid Precautions Scheme of the area.

**MUNICIPAL MATERNITY HOME.**—This Home of 38 beds was fairly well utilised during the year, and in it there were 497 births. During the year the floors of all the Ward blocks, which proved most unsatisfactory, were re-laid, and other minor structural repairs carried out. (For further information see *under Maternity and Child Welfare*).

**SCARTHO ROAD INSTITUTION.**—This institution continues to do useful work under great difficulties, with an inadequate staff and overcrowded buildings. It is not possible to provide facilities for adequate classification of the patients in the Infirmary by adaptation of the present buildings. The degree of overcrowding in this Institution is at times very marked, patients during rush periods having occasionally to be placed on the floors, and patients suffering from various types of illness having to be placed together in the one ward. It is also most unsatisfactory that nursing staff should be forced to live in temporary quarters, and that each nurse should not have a bedroom of her own.

Plans for a new Municipal Hospital and a new Nurses' Home at a cost of £145,000 have been approved by the Ministry of Health. The hospital consists of 4 new ward units, a cubicle isolation block of 14 beds, a children's ward, an operating theatre and an X-ray department, admission department and usual adjuncts, together with offices and quarters for the necessary officers. It is hoped that building will be started during the Autumn of 1937, and when this hospital is complete it should form the nucleus round which many other activities of the Health Department circulate.

The Public Assistance Committee has also had under consideration the provision of additional accommodation for mental cases under 3 and 14 day orders.

The following statistics relating to in-patients are taken from the annual return of the Medical Officer, Dr. S. W. Swindells, for the year 1936:—

1.	Total number of admissions (including infants born in hospital)	..	..	..	..	..	..	1127
2.	Number of women confined in hospital	..	..	..	..	..	..	23
3.	Number of live births	..	..	..	..	..	..	20
4.	Number of still births	..	..	..	..	..	..	3
5.	Number of deaths among the newly-born ( <i>i.e.</i> , under four weeks of age)	..	..	..	..	..	..	1
6.	Total number of deaths among children under one year (including those given under item 5)	..	..	..	..	..	..	11

7. Number of Maternal deaths among women admitted to hospital for confinement .. .. Nil.
8. Total number of deaths .. .. 230
9. Total number of discharges (including infants born in Hospital) .. .. 894
10. Duration of stay of patients included in 8 and 9 above. Number of cases whose total stay was for the following periods :—
  - (a) Under four weeks .. .. 306
  - (b) Four weeks and under thirteen weeks .. 615
  - (c) Thirteen weeks or more .. .. 203
11. Number of beds occupied :—
  - (a) Average during the year .. .. 208
  - (b) Highest—on 4th April .. .. 232
  - (c) Lowest—on 24th October .. .. 186
12. Number of surgical operations under general anæsthetic (excluding dental operations) .. .. 227
13. Number of abdominal sections .. .. 57

It will be seen that there is a large increase in the amount of surgical work carried out during the last year.

Poor Law  
Medical  
Relief.

#### No. 1 MEDICAL RELIEF DISTRICT.

District Medical Officer—Dr. A. Harris, 20 Dudley Street.  
Estimated Population—42,190.

#### No. 2 MEDICAL RELIEF DISTRICT.

District Medical Officer—Dr. F. E. Hampton, 344 Cleethorpe Road.  
Estimated Population—51,500.

There has not been any change in the nature of the work of the District Medical Officers since the transfer of the duties of the Poor Law Authority to the County Borough.

The number of attendances on persons in receipt of medical relief during the year ended the 31st December, 1936, was

	At Surgery.	At house of patient.	Medicine supplied without seeing patient.	No. of Maternity cases.
No. 1 Medical Relief				
District .. ..	847	1972	293	2
No. 2 Medical Relief				
District .. ..	1633	1590	267	3

Owing to the degree of unemployment there has been a slow and steady increase in the work carried out by the District Medical Officers.

Care and  
Treatment of  
Mental  
Defectives.

The development of this branch of the Health Services has continued during the year—the new scheme for the ascertainment, care and treatment of the mentally defective, inaugurated in 1935, having been consolidated and expanded, now appears to be on a satisfactory basis. As the department is becoming better known more and more cases are referred to it, and applications for advice in difficult cases show a marked increase,



During the year 85 cases have been referred from various sources for action or help. The rate of ascertainment has been such that in the table of County Boroughs in England relating to the percentage ascertainment rate per thousand of population, Grimsby has risen in two years from fourth from the bottom to about the middle of the table last year, and about 26th from the top at the end of 1936.

The return of cases, including the new cases referred to above, for which the department has been responsible during the year is as follows :—

In Certified Institutions on 1/1/1936 .. .. .	37
Sent to Institutions during year .. .. .	18—55
In Public Assistance Institution .. .. .	33
On Licence from Institutions .. .. .	4
Under Guardianship .. .. .	9
Under Statutory Supervision .. .. .	48
Under Voluntary Supervision .. .. .	182
Action incomplete on 31/12/1936 .. .. .	41
	<hr/>
	372

The need for institutional accommodation is still acute—the 37 beds available for Grimsby patients at Harmston Hall Colony were full at the beginning of the year, and for the cases placed in homes during the year, accommodation has had to be found in institutions outside Lincolnshire. It is anticipated that a further 17 beds will be available at Harmston Hall, and 60 beds in three other institutions under the Lincolnshire Joint Board during 1937, but when these are filled, there will still be many cases on the waiting list for whom institutional accommodation will have to be found elsewhere.

The Occupation Centre continues to do good work—29 children are now on the books. Under the new organisation many of the children show marked improvement, both mentally and physically. A new departure was embarked on this year when the children attending the Centre were taken to camp for 10 days during the summer, where they spent an enjoyable time at the sea, and from which they derived great benefit.

A certain number of children from Cleethorpes attend the Centre, the Lindsey County Council contributing a fixed sum for each child.

The special clinic under the Mental Treatment Act, 1930, has continued during the year under Dr. Macarthur, Medical Superintendent of Bracebridge Mental Hospital, Lincoln, at the Grimsby and District Hospital.

Private practitioners continue to take advantage of the Clinic, referring to it such of their patients as are in need of specialised advice and treatment, and cases presenting a variety of problems have also been referred by the Health Department. The Clinic continues to do valuable work.

The Secretary-Superintendent's figures for attendance are 18 cases as compared with 26 in the previous year,

Occupation  
Centre.

Mental  
Treatment  
Act, 1930.

## MATERNITY AND CHILD WELFARE.

I am indebted to Dr. J. W. Hepburn, Senior Assistant Medical Officer for Maternity and Child Welfare, for supplying the following report :—

Health  
Visiting.

There was a marked increase in the number of home visits paid, due to the increase in staff.

	1936.	1935.
(a) First visits to children under 1 year ..	1638	1426
(b) Subsequent visits under 1 year ..	11941	8280
(c) Visits to children over 1 year ..	14791	12347

From the above it will be seen that there was an increase in all branches amounting to a total of 6,317, but when special visits are taken into account the increase is from 27,174 in 1935 to 31,505 in 1936. In 1934 the visits only totalled 22,408.

Midwives.

Of the 44 midwives who notified their intention to practice sixteen were employed by the Local Authority, eight in the Municipal Maternity Home and eight in Scartho Road Infirmary.

1,458 confinements were attended by midwives, 375 in the capacity of maternity nurses and the remainder, 1,083 as midwives. Thus, out of a total of 1,508 births, 96·6% were attended by midwives either with or without a medical practitioner. As the number of independent midwives practising only as maternity nurses in the town is very small it may be deduced that the remaining 3·4% of the total births were attended by medical practitioners with the assistance of untrained women, namely, relatives and handy-women.

It is hoped that as soon after the Midwives Act, 1936 prescribes, an order will be obtained prohibiting the attendance in childbirth of all unqualified persons. In 1935, the percentage of births attended by handy-women was 12 per cent.

More use was made during 1936 of the services of free midwives and a small number of cases who would have ordinarily been attended by handy-women thus obtained the services of qualified midwives.

Medical aid was summoned by independent midwives 166 times and by the midwives at the Municipal Maternity Home 117 times, 19·4% of the total cases delivered by them. The nature of the emergencies is seen in the following table :—

(a) ANTE-NATAL .. ..	14.					
Albuminuria .. ..	..	..	..	..	..	3
Anæmia .. ..	..	..	..	..	..	3
Abdominal pain .. ..	..	..	..	..	..	1
Threatened abortion .. ..	..	..	..	..	..	3
Ante-partum hæmorrhage .. ..	..	..	..	..	..	1
Disproportion .. ..	..	..	..	..	..	1
Headache and dizziness .. ..	..	..	..	..	..	1
Phlebitis .. ..	..	..	..	..	..	1



## (b) CONFINEMENT .. .. 97.

Abortion .. ..	1
Ante-partum hæmorrhage .. ..	3
Abnormal presentation .. ..	16
Breech .. ..	10
Occipito posterior .. ..	6
Dystocia .. ..	16
Rigid cervix .. ..	1
Exhaustion .. ..	1
Uterine inertia .. ..	4
Delay in 2nd stage .. ..	7
No reason given .. ..	3
Miscarriage .. ..	2
Placenta prævia .. ..	1
Retained placenta .. ..	5
Adherent placenta .. ..	4
Retained membranes .. ..	1
Post-partum hæmorrhage .. ..	3
Ruptured perineum .. ..	45

## (c) PUERPERIUM .. .. 21

Puerperal pyrexia .. ..	10
Thrombo-phlebitis .. ..	3
Acute mastitis .. ..	1
Pneumonia .. ..	2
Pain .. ..	3
Abdominal tumour .. ..	1
Bilious attack .. ..	1

## (d) TO INFANT .. .. 34

Discharging eyes .. ..	14
Extreme feebleness .. ..	11
Acute stomatitis .. ..	1
Watery blisters .. ..	1
Colic .. ..	1
Asphyxia .. ..	1
Tight foreskin .. ..	1
Still-birth .. ..	4

The Inspector of Midwives paid 72 visits of inspection to midwives during the year and on 17 occasions midwives were interviewed at the Health Office.

Eight midwives were suspended from duty as a result of puerperal sepsis occurring in their practice and fully compensated for the loss of fees incurred during their period of suspension.

Midwives were compensated for loss of their cases through transfer to hospital for special treatment or on account of extreme poverty and lack of suitable accommodation,

No post-graduate training was provided for any independent midwives, though there is no doubt that this training is greatly needed. With the passing of the Midwives Act, 1936, it is obvious that this need for post-graduate training has been fully realised and after the Act comes into force in 1937, every local authority will be required to provide its municipal midwives with this training at regular intervals.

This Act is primarily intended to combat the present high maternal mortality rate ; it will result in a higher rate of remuneration being paid to all municipal midwives and thus attract to the local authority's service a better type of midwife. By this Act the local authority is obliged to provide an adequate supply of midwives for the needs of its area, to pay such midwives a salary similar to that paid to the health visitors employed by it and to provide them with additional emoluments covering the expense of telephones, equipment, uniform, laundry, travelling, etc. Power is also given to the local authority to compensate such midwives as retire voluntarily or are compulsorily retired, by reason of age, infirmity or inefficiency and the amount of such compensation is laid down in the Act.

As a result of this Act a special Sub-Committee of the Maternity and Child Welfare Committee was formed and much time was taken up in meeting the voluntary organisations, representatives of the local branch of the British Medical Association and representatives of the local branch of the Midwives Institute and discussing the scheme drawn up for this municipal midwifery service.

Maternal  
Mortality.

During 1936 there were 7 maternal deaths, as compared with 15 in 1935, the causes being :—

Puerperal Fever (including 2 post-abortive)	..	..	6
Other accidents and diseases of pregnancy	..	..	1

The comparison is as follows :—

	1936.	1935.
Puerperal Fever .. .. .	6	7
Other accidents and diseases of pregnancy	1	8

The maternal mortality death-rate was therefore 3.99 as compared with 8.78 in 1935.

The following information was obtained :—

Economic and Domestic Circumstances.

Comfortable .. .. .	4
Poor .. .. .	3

Ante-natal care.

Received .. .. .	5
Not received .. .. .	2

Place of Confinement.

Private dwelling-house .. .. .	4
Hospital .. .. .	1
Municipal Maternity Home .. .. .	2

## Pregnancy.

Multiparae	..	..	..	..	3
Primiparae	..	..	..	..	4

## Delivery.

Instrumental	..	..	..	..	3
Natural	..	..	..	..	4

## Labour.

Attended by general practitioner	..	4
Attended by midwife alone	..	3

Institutional treatment was obtained in six cases. In one case, an incomplete abortion, the case was admitted to hospital and dilatation and curettage performed with subsequent development of general peritonitis.

The duration of pregnancy was 40 weeks in four cases, unknown in one case, 16 weeks in another, and 28 weeks in another.

CAUSES OF DEATH. (as certified).	AGE PERIOD					Total
	18-20	20-25	25-30	30-35	35-40	
Sepsis.						
Post-abortion .. ..	—	—	—	—	2	2
Not post-abortion .. ..	1	—	1	2	—	4
Broncho-pneumonia, cranio- tomy, unreduecd occip- post of foetus and pro- longed labour .. ..	—	1	—	—	—	1
	1	1	1	2	2	7

It may be of interest to note that in one case of sepsis, the causative organism was pneumococcus and a pure growth of pneumococcus was obtained from a throat swab of the midwife attending the case; in another case, death resulted from pulmonary embolism following the development of sepsis in extensive lacerations of perineum and vagina. It is possible that one death might have been prevented had ante-natal supervision been more intensive, and had it been realised that mal-presentation was combined with a rachitic pelvis. In this case, several attempts were made to deliver with forceps prior to the removal of the case to hospital and the obtaining of specialist advice and treatment. It is hoped that with more careful ante-natal supervision consequent on the passing of the Midwives Act, 1936, cases of this type may be avoided.

6 cases of puerperal fever and 23 cases of puerperal pyrexia were notified during 1936. The case rate per 1,000 births (live and still) in the Borough was (a) puerperal fever 3.42; (b) puerperal pyrexia 13.11, as compared with (a) 3.27, and (b) 9.64 respectively in England and Wales,

Puerperal  
Fever and  
Pyrexia.

Twelve cases were removed to hospital for treatment and six cases terminated fatally. Confinement took place in their own homes in fifteen cases and fourteen were confined in the Municipal Maternity Home. Of the latter (a) one case developed pyrexia following her discharge from the Home, (b) one case was notified as she had a rigor, but the notification was erroneous as there was no recurrence of rise of temperature, and (c) notification was erroneously done in one case where the temperature never rose above 100F. So that eleven out of the fourteen cases really rank as Puerperal Pyrexia.

Of the notifications received :—

13 cases were delivered by midwives.

12   "       "       "       doctors and midwives.

2   "       "       "       doctors alone.

1 case was delivered by doctor and handy-woman.

1 case delivered herself prior to making any arrangements for her confinement.

Children Act,  
1908-32.

Part I. of the Children Act, 1908 (as amended by the Children and Young Persons Act, 1932) is administered by the Maternity and Child Welfare Department and the seven health visitors under the supervision of the Superintendent health visitor carry out the duties of infant life protection visitors.

The number of persons receiving children for reward on the Register at the end of 1936 was 20, and the number of children in their care was 21.

9 applications for registration were received during the year and, after investigations were carried out, registration was granted in 8 cases. In one case an infant was removed from the charge of the foster-parent by an Order obtained from a single Justice of the Peace, under Section 67 of the Act of 1932. In this case the infant was acutely ill and had not been medically attended. In another case a child was being kept in unsuitable premises, and on the recommendation of the Maternity and Child Welfare Committee the father of the child found alternative accommodation for it. This child was, however, later returned to its foster-parent to the woman from whom it had been previously removed, and the regulations as to the notice of reception and handing over of the child were ignored. At the end of 1936 proceedings against both foster-parents were pending.

Four cases were for temporary registration only. 201 home visits were made to boarded-out children by the health visitors during the year.

Orthopaedic  
Treatment.

Five children were referred to various hospitals for orthopaedic treatment. The local authority was responsible for maintenance fees in one case only.

It would be appropriate to state at this point that a satisfactory orthopaedic scheme has been evolved in conjunction with the Grimsby and District Hospital. A consultant orthopaedic



surgeon will be appointed on the staff early in 1937, and in accordance with the recommendations of the British Medical Association it has been arranged by the Management Committee of the Hospital that he shall have charge of all fracture cases. A sum is to be paid by the local authority towards the honorarium granted to the orthopaedic surgeon, with a further sum for the additional staff involved. This payment by the local authority will be allocated to the Health, Public Assistance, Education and Maternity and Child Welfare Committees in proportion to the number of cases each sends. In addition, each Committee will pay a fixed sum in respect to each in-patient and out-patient sent, and will recover a proportion of the costs, except in necessitous cases. To aid the orthopaedic scheme, the Central Council for the Care of Cripples are sending down an organizer to organize a regional voluntary after-care association. They have also promised to send a home teacher for a period.

As in past years a voluntary organisation provides for the care and reception of unmarried mothers, the majority of whom are transferred to special institutions in other parts of the country. Great difficulty has been found in persuading many of these young pregnant girls to leave home, though there is no doubt that the care, training and discipline of these homes is most beneficial. In several cases, where admission to such an institution was refused arrangements were made for confinement to take place at the Municipal Maternity Home. Considerable difficulty was also being experienced in finding homes for the infants, except in the Nursery and Children's Home provided by the Public Assistance Committee of the Local Authority.

In accordance with the Midwives and Maternity Homes Act, 1926, (Registration of Maternity Homes), and The Nursing Homes Act, 1927, three nursing homes are registered in the Borough, two of which are registered for the reception of maternity and surgical cases, one being registered for surgical cases only. One of the Homes registered for the reception of surgical and maternity cases closed down in April, 1936, owing to lack of work. Seven routine visits of inspection were paid to these homes by the Assistant Medical Officer of Health.

Maternity  
and Nursing  
Homes.

	Maternity Homes.	Nursing Homes
No. of applications for Registration in 1936 ..	Nil	Nil
No. of Homes registered .. .. .	2	3
No. of Orders made refusing or cancelling Registration .. .. .	Nil	Nil
No. of appeals against such Orders .. .. .	Nil	Nil
No. of cases in which such Orders have been :—		
(a) Confirmed on appeal .. .. .	Nil	Nil
(b) Disallowed .. .. .	Nil	Nil
No. of applications for exemption from Registration .. .. .	Nil	Nil
No. of cases in which exemption has been :—		
(a) Granted .. .. .	Nil	Nil
(b) Withdrawn .. .. .	Nil	Nil
(c) Refused .. .. .	Nil	Nil



Notification  
of Births.

During the year 1,677 live births and 77 still births were registered. There was still a number of the total live and still births un-notified, and information concerning these is obtained from the local Registrar of Births and Deaths. For full information concerning the notifications received, *see Table M. & C. W. 2.*

Infant  
Mortality.

The infant mortality rate for 1936 was 67, as compared with 49 in 1934 and 63 in 1935, and was higher than that of the rest of the country.

The chief causes of death were prematurity, respiratory diseases and congenital defects (including congenital debility, atelectasis and injury at birth).

				Percentage of infant deaths	
				1936.	1935.
Prematurity..	..	..	..	26.54%	23.5%
Respiratory diseases	..	..	..	25.66%	28.4%
Congenital defects	..	..	..	24.77%	25.5%

Enquiries were made into the 30 cases of death from prematurity and the following conditions were found to have contributed to the occurrence of premature labour.

Ante-partum hæmorrhage	..	..	..	..	5
Ill-health of mother	..	..	..	..	10
(including toxæmia of pregnancy 3; pulmonary tuberculosis 1; hyperthyroidism 1).					
Shock following a fall	..	..	..	..	1

In three of the above cases, labour had been induced to save the life of the mother, and at so early a stage of pregnancy as to render the chances of survival of the infant almost negligible. Three multiple pregnancies ended prematurely and five of the infants died. In 12 cases there was extreme poverty, but assistance was given to 75% of these cases, the remainder having obtained no ante-natal care. So far as is possible, everything is done to assist expectant mothers, and extra allowances have been obtained for them through the Unemployment Assistance Board, Public Assistance Committee, etc.

*Home conditions.*

Poverty 12 cases : fairly comfortable to comfortable, 18 cases.

*Ante-natal care.*

Ante-natal care was received in 23 cases, or 80%, no ante-natal care was received in 6 cases, or 20%.

*Place in family.*

Primipara	..	..	..	14
Two para	..	..	..	4
Three para	..	..	..	5
Four para	..	..	..	3
Five para	..	..	..	2
Six para	..	..	..	1
Eight para	..	..	..	1

In 11 cases there was no known cause for the onset of premature labour : unfortunately, included in this number are several cases where all information was refused. Such cases have generally had a very limited ante-natal supervision, if any, and resent any questioning. The beneficial effects of extra vitamins, calcium preparations and extra milk have been so marked at the Ante-natal Clinic in improving the health of the expectant mother that it is felt that the solution of the problem of combating and diminishing premature deaths lies in the improving of the nutrition of the expectant mother. A certain proportion of these deaths from prematurity is without doubt unavoidable, namely, those from ante-partum hæmorrhage, toxæmia of pregnancy, etc., but the majority are preventable.

The neo-natal death rate was 38 as compared with 25.9 in 1935 : 64, or 56.6% of the 113 infant deaths occurred within the first month of life. The chief cause of neo-natal deaths was, as usual, prematurity—which accounted for 46.9%, and the next was congenital defects (including congenital malformation and debility, atelectasis and injury at birth) accounting for 37.5%. Respiratory diseases and diarrhœa and enteritis accounted for 9.4% and 6.3% respectively.

Full information as to the other causes of infant mortality will be seen in the statistical tables.

Investigations were made into 68 cases of still-birth and the following information was obtained. Still Births.

Primi-parae.	Multi-parae.	Ante-natal care.				
		Doctor.	Midwife.	Ante-Natal Clinic.	Hospital or Maternity Home	No ante-natal care received.
36	32	26	6	15	6	15

Although no ante-natal care of any kind was received in 15 cases, it is only fair to remark that several cases visited the ante-natal clinics once or twice only and failed to keep the subsequent appointments made for them.

In two cases there was a history of repeated still-birth, although the Wasserman Reaction was negative.

The apparent causes elicited were :—

Prematurity .. .. 32 cases.

The causes of the onset of premature labour were as follows :—  
Ante-partum Hæmorrhage.

Placenta-prævia	..	..	..	..	..	..	4
Accidental	..	..	..	..	..	..	5
Acute Albuminuria	..	..	..	..	..	..	2

Anencephalic foetus	..	..	..	..	..	..	1
Acute bronchitis	..	..	..	..	..	..	1
Abcess in pouch of Douglas	..	..	..	..	..	..	1
Breech	..	..	..	..	..	..	1
Hydramnios and congenital defects	..	..	..	..	..	..	1
Ill-health of mother	..	..	..	..	..	..	1
Prolapsed hand, following premature rupture of membranes	..	..	..	..	..	..	1
Poverty	..	..	..	..	..	..	1
Injury to cord	..	..	..	..	..	..	1
Over-reaching, shock and fright	..	..	..	..	..	..	3
Toxæmia	..	..	..	..	..	..	1
Macerated foetus	..	..	..	..	..	..	4
No known cause	..	..	..	..	..	..	4

*Other defined causes :—*

Acute Albuminuria	..	..	..	..	..	..	2
Ante-Partum Hæmorrhage	..	..	..	..	..	..	1
B. B. A.	..	..	..	..	..	..	1
Breech presentation	..	..	..	..	..	..	8
Contracted pelvis, persistent occipito posterior position and craniotomy	..	..	..	..	..	..	1
Eclampsia	..	..	..	..	..	..	1
Dystocia, forceps delivery	..	..	..	..	..	..	1
Fall	..	..	..	..	..	..	1
Hydramnios and congenital defects	..	..	..	..	..	..	2
Prolapsed cord	..	..	..	..	..	..	1
Pyelitis	..	..	..	..	..	..	1
Extreme poverty	..	..	..	..	..	..	1
Precipitate labour	..	..	..	..	..	..	1
Strangulation by cord (B.B.A.)	..	..	..	..	..	..	3
Shock	..	..	..	..	..	..	1
Transverse presentation	..	..	..	..	..	..	2
Uterine inertia	..	..	..	..	..	..	1
No known cause	..	..	..	..	..	..	7

Additional information concerning the attendance at birth is as follows :—

Attended by			
Doctor.	Midwife.	Doctor and handy-woman.	Doctor and midwife.
12	27	7	22

Artificial  
Sunlight  
Clinic.

This clinic was held thrice weekly except during the months of July and August. Attendances were made as follows :—

	Cases.	Attendances.
Under 1 year	12	177
Over 1 year	140	1750

The cases were referred for treatment for the usual reasons, namely, malnutrition, debility following illness, rickets, chronic catarrhal conditions, cervical adenitis, impetigo contagiosa, etc. In all cases, medicinal treatment of some form was being given in addition to the ultra-violet ray treatment, and in the majority of cases, good results were obtained.

In general cases are drawn from infant welfare centres and toddlers' clinics, but some are referred first by general practitioners who have been treating them for various defects.

These have been well attended during 1936, but there has been a slight diminution in the attendances of mothers, babies and children, probably owing to the prevalence of infectious diseases, namely, whooping-cough and measles, and also to the insistence of the health visitors that children suffering from catarrhal conditions should not be brought to any clinic during the infectious stage. The establishment also of two toddlers' clinics has without doubt diminished the attendance of toddlers at ordinary infant welfare centres.

Infant  
Welfare  
Clinics.

The following table gives a comparison of attendance figures for the past three years.

			1934.	1935.	1936.
Hamilton Street	..	..	16,226	17,888	16,467
Watkin Street	..	..	8,723	9,581	8,179
Victoria Street	..	..	9,498	9,410	9,255
Nunsthorpe	..	..	5,437	7,298	8,359

Some alteration in attendances may be attributed to slum clearance.

On the whole, the clinics are still over-crowded, and much good would be done if more sessions could be held. At the present time the clinic premises are inadequate for the amount of work to be done. The opening of the new infant welfare centre in Watkin Street early in 1937 will probably lead to an increase of attendances in this area, but even here, it will be necessary to limit the numbers at any one session by the opening up of new sessions.

The Local Authority is greatly indebted to the voluntary workers who so kindly give their time and support to the work and to those members, also, of the Voluntary Aid Detachment who have assisted in the weighing rooms. Many voluntary workers have either made or given babies garments, which have been most useful.

The teaching of mothercraft was commenced in May, on the appointment of the superintendent health visitor, but has been chiefly confined to expectant mothers. Special demonstrations of model garments for infants, toddlers and expectant and nursing mothers have been given at the various ante-natal clinics and a mothercraft class has been held weekly. It is hoped that in 1937

Mothercraft.



additional mothercraft classes will be held at the new clinic where there is a fully equipped classroom, with facilities for instruction in cookery, sewing and knitting, etc. With the assistance of the voluntary workers, several complete sets of model garments have been made and thrift garments have been planned and cut out.

For statistical report *see Table M. & C. W. 3.*

#### Distribution of Milk.

Applications for assisted milk supply were dealt with by the Assistant Medical Officer of Health and her recommendations were considered monthly by the Maternity and Child Welfare Committee. Distribution of dried milk food or fresh milk vouchers takes place at infant welfare centres. The number of cases assisted during 1936 showed a considerable increase over former years due to economic conditions. Assistance is given to expectant mothers as early in pregnancy as is considered necessary and, with the commencement of Toddlers' Clinics, special milk allowances have been made to children between the ages of two and five years. Mothers are encouraged to make small contributions towards the cost of the food allowed to them, but free assistance is given in many instances.

The following table shows details of distribution at each centre.

	<i>Sales.</i>		<i>Gifts.</i>	
	<i>cwts.</i>	<i>lbs.</i>	<i>cwts.</i>	<i>lbs.</i>
Hamilton Street ..	12	54	86	106
Watkin Street ..	5	110	41	100
Victoria Street ..	6	38	38	65
Nunthorpe ..	16	107	12	20
	41	85	179	67

Total distribution 221 cwts. 40 lbs. (or 24,792 lb. packages). In addition, 3,018 gallons of fresh milk were allowed to necessitous cases by means of a voucher system. This milk is now all either pasteurised or tuberculin-tested milk.

The number of cases receiving assistance during the year was as follows :—

Hamilton Street ..	..	..	..	..	514
Watkin Street ..	..	..	..	..	222
Victoria Street..	..	..	..	..	215
Nunthorpe ..	..	..	..	..	82
					1,033

#### Toddlers' Clinic.

Two sessions weekly are set aside for the examination of toddlers, and as a result 560 new cases attended, and in all 1,010 attendances were made by new and old cases. On investigation of the year's cases, it appears that at one clinic only 22% of the



children examined were completely free from defect, although at the other, there was a larger proportion of healthy children. The defects found in many cases were slight and easily remediable, but all defects found are listed here, however slight.

Squint .. .. .	25
Blepharitis and Conjunctivitis .. .. .	15
Skin :—including—	
Tinea corporis, scabies, Impetigo, Urticaria and Eczema	50
Otorrhœa and defective hearing .. .. .	19
Tonsils and Adenoids, Tonsillitis, chronic Rhinitis, mouth breathers .. .. .	165
Dental Caries (without sepsis) .. .. .	175
Enlarged glands (sub-maxillary and cervical) .. .. .	113
Heart disease .. .. .	4
Pulmonary disease (chiefly Bronchitis) .. .. .	35
Digestive defects .. .. .	15
Rickets .. .. .	60
Deformities (chiefly rachitic and of minor degree) .. .. .	84
Bone and joint diseases .. .. .	3
Mental retardation (including Mental Deficiency, imbe- cility, epilepsy, excitability and enuresis) .. .. .	31
Malnutrition (severe) .. .. .	20
Oxyuris vermicularis .. .. .	13
Prolapse recti .. .. .	2

This list of defects seems very long, but it must be realised that in many cases one child would have a whole series of defects, namely, enlarged tonsils and adenoids, hypertrophied cervical and submaxillary glands and dental caries with sepsis, with a resultant chronic bronchitis and malnutrition. Only three cases of tuberculous adenitis were found, but all suspicious cases are referred to the Tuberculosis Dispensary for examination, and if necessary, treatment. A small proportion only of the total cases of dental caries found was referred for treatment to the Dental Clinic, the indications for active treatment being dental sepsis and tooth-ache. Unfortunately, the need for dental hygiene is not generally recognised and the use of much soft, starchy food is not conducive to the maintaining of healthy teeth ; moreover, the average diet of the toddler in Grimsby is defective, partly owing to poverty, partly to ignorance.

Much time is spent in instruction as to the dietary requirements of the toddler and to the importance of including an adequate amount of milk in the diet. Parents are provided with milk for toddlers, free or at a reduced cost, in all cases of necessity.

With regard to the cases of malnutrition and chronic bronchitis, there is an urgent need for convalescent home treatment ; unfortunately, this treatment, if it is to do any good, must be lengthy and much difficulty has been experienced in obtaining it owing to the fact that the Local Authority has no arrangements for providing such treatment and is dependent on charitable institutions for such treatment. Many of the children attending

the Toddlers' Clinics have never been seen at any infant welfare centre, but the parents welcome the opportunity given them to have their children examined at regular intervals. The fact that there is no waste of time, owing to the system of appointments, seems to appeal to them and they take full advantage of the opportunities given them. Unfortunately, during the winter months, many appointments are not kept owing to the children being confined to the house with colds and other infectious diseases and thus valuable time is lost, as too often no time is given to us to arrange for other children to take their places. However, within the last half of the year, this fault was being remedied by parents notifying their inability to attend at the time given to them, stating reasons, and asking for further appointments.

There is no doubt that the routine examination of toddlers and its resultant discovery of defects should result in earlier treatment and therefore in the better health of school entrants.

#### Test Feeding Clinic.

Two clinics were held weekly and 341 cases attended. Special advice was given in each case with regard to the management of lactation and the mothers instructed in massage of breasts, rest and diet.

In the majority of cases, good results were obtained and in several cases of infants who had been weaned for varying periods of from three to fourteen days, breast-feeding was re-established. In some cases of difficulty, however, the lack of institutional treatment for establishment of breast-feeding resulted in weaning.

There is no doubt that there is urgent need of a small ward for such cases, and failing that, for the establishment of a nursery to which mothers might go for a whole day; moreover, the provision of extra milk to necessitous cases, though useful up to a point, does not achieve the same good results as would the provision of free or reduced cost meals. With the amount of distress in the area during 1936, there is no doubt that the provision of meals for nursing and expectant mothers would be a boon.

Enquiries made into the records of feeding of infants born during 1936 gave the following results.

At the first visit (within two weeks of birth) :—

80.3% were breast fed.  
4.7% „ combined breast and bottle fed.  
15.0% „ bottle fed.

At three months :—

49.3% were breast fed.  
5.2% „ combined breast and bottle fed.  
45.5% „ bottle fed.

At six months :—

35.5% were breast fed.  
6.1% „ combined breast and bottle fed.  
52.4% „ bottle fed.

In 1926, similar enquiries showed that :—

At the first visit	86.56%	of the infants were breast fed.
At three months	63.58%	„ „ „
At six months	53.68%	„ „ „

It is obvious that despite all our efforts at teaching the paramount importance of breast feeding, there is a steady decrease in the amount of breast feeding. This may be partly attributed to economic conditions—a prolonged period of under-feeding of the mother leading to malnutrition and a resultant inability to maintain lactation for more than a few months. Against this, however, may be set a rooted objection to breast-feeding on the part of many women, who find that it is not so easy to maintain as they would like and who therefore, after a short period of breast-feeding, change to bottle feeding. There are, of course, exceptions and these mothers, we find, are very grateful for the services of the test-feeding clinic and use it freely. In one case, breast-feeding was re-established three weeks after weaning and was maintained for a subsequent six or seven months.

In all five sessions are held weekly, two at Burgess Street and three at the clinics attached to the Municipal Maternity Home. Ante-natal Clinics.

At Burgess Street 530 new cases and 56 old cases made 2,069 attendances. At the Municipal Maternity Home 431 new cases and 67 old cases made 2,705 attendances. Of the number of cases shown 162 attended both clinics, therefore, the actual figures were :—

Total No. of cases	..	..	..	922
Total attendances	..	..	..	4774

The 1936 attendances show an increase of 1,375 over those of 1935, and an increase in the number who attended Burgess Street ante-natal clinics.

No gynaecological and contraceptive cases were seen at the Burgess Street clinics during 1936, but were referred to the special post-natal clinic held weekly at Nunsthorpe. The various conditions found at Burgess Street Ante-natal Clinics were :—

#### ABNORMAL PRESENTATIONS.

Breech presentations	..	..	..	..	..	27
Transverse do.	..	..	..	..	..	7
Posterior do.	..	..	..	..	..	12
Blood pressure	..	..	..	..	..	2
Albuminuria	..	..	..	..	..	15
Pyelitis	..	..	..	..	..	1
Glycosuria	..	..	..	..	..	16
Ante-partum Hæmorrhage	..	..	..	..	..	4
Abortion (incomplete)	..	..	..	..	..	2
Contracted pelvis	..	..	..	..	..	3
Cystocele	..	..	..	..	..	6
Prolapse	..	..	..	..	..	1
Vaginal discharge	..	..	..	..	..	16

# VENEREAL DISEASE.

Gonorrhœa	..	..	..	..	..	..	..	1
Syphilis	..	..	..	..	..	..	..	3
Hydramnios	..	..	..	..	..	..	..	2

# DISEASES OF THE CARDIO-VASCULAR SYSTEM.

Varices	..	..	..	..	..	..	..	76
Varicose ulcer	..	..	..	..	..	..	..	1
Phlebitis	..	..	..	..	..	..	..	1
Haemorrhoids	..	..	..	..	..	..	..	6
Cardiac conditions	..	..	..	..	..	..	..	21

# PULMONARY DISEASES.

Asthma..	..	..	..	..	..	..	..	1
Bronchitis	..	..	..	..	..	..	..	4
Pulmonary tuberculosis	..	..	..	..	..	..	..	5
Constipation	..	..	..	..	..	..	..	47

# DENTAL DISEASES.

Dental caries	..	..	..	..	..	..	..	230
Pyorrhœa alveolum	..	..	..	..	..	..	..	30
Mental deficiency	..	..	..	..	..	..	..	1
Epilepsy	..	..	..	..	..	..	..	1
Otitis Media	..	..	..	..	..	..	..	1
Appendicitis	..	..	..	..	..	..	..	1

37 per cent. of the cases were referred by midwives for routine examination. During 1936, 53 per cent. of expectant mothers attended at the Ante-natal Clinics as compared with 57 per cent. in 1935. It is expected that this figure will shew a further improvement when the Midwives Act, 1935, is put into operation.

Since the passing of the Midwives Act, 1936, many of the midwives have sent up to the ante-natal clinics a larger proportion of the cases booked by them, with the result that the two clinics held at Burgess Street have been very busy. Routine reports are sent to the midwives after the first examination and subsequently on the development of any abnormality.

In the event of anticipated difficulty at confinement arrangements are made either for the patient to book her own doctor or for her confinement in the Municipal Maternity Home.

## Post-natal Clinic.

Two post-natal clinics are held weekly, one for Maternity Home cases only and one for district cases.

187 new cases and 4 old cases made 264 attendances at the post-natal clinic for Municipal Maternity Home cases.

56 new cases and 9 old cases made 173 attendances at the district post-natal clinic.

From the first figures it will be obvious that only about 40% of the total cases confined in the Municipal Maternity Home



report for post-natal examination and, unfortunately, one often finds that no attendance is made until the patient is suffering from some morbidity.

At both these clinics, the majority of the cases reporting for examination have some pathological condition and repeated attendance is necessary, though not often obtained. Advice on contraception was given at both clinics, where necessary, on medical grounds.

197 routine post-natal examinations, six weeks after delivery were made, the other cases attending on account of some defect. The following defects were found :—

Morbid conditions of uterus and adnexa.

Displacements of uterus .. .. .	21
Prolapse of ovarus .. .. .	1
Subinvolution .. .. .	8
Chronic Cervicitis .. .. .	1
Cervical erosions .. .. .	9
Tears (healed) .. .. .	8
Fibroids .. .. .	3
Purulent discharge following small abscess of vaginal wall .. .. .	1
Cystocele .. .. .	1
Perineorrhaphy and/or Colporrhaphy required ..	2

Other conditions found were :—

Pregnancy .. .. .	1
Haemorrhoids .. .. .	2
Mastitis .. .. .	1
Inguinal hernia .. .. .	1
Anaemia .. .. .	1
Oxyuris vermicularis infection .. .. .	1
Bronchitis .. .. .	1
Rheumatism of the Sacro-iliac joint .. .. .	1
Malnutrition .. .. .	1

Of the other cases who attended for examination on account of ill-health, 10 were referred to their own doctor, 4 to hospital, and 1 to the Tuberculosis Dispensary for treatment : 8 cases were given contraceptive advice on medical grounds, namely, hæmophilia, mitral stenosis, asthma and fatty heart, previous eclampsia and subsequent permanent damage to kidneys, etc.

The defects found were :—

Carcinoma of cervix .. .. .	1
Carcinoma of uterus .. .. .	1
Fibroids of uterus .. .. .	1
Chronic cervicitis .. .. .	1
Cervical erosions .. .. .	5
Dysmenorrhœa .. .. .	1
Amenorrhœa .. .. .	2
Menorrhagia, (a) subinvolution, (b) chronic anæmia, (c) incomplete abortion .. .. .	3
Menopause .. .. .	4



## Displacements :—

Prolapsed ovaries, including 1 cystic and 2 complicated by cervical erosions .. .. .	4
Cystocele .. .. .	1
Prolapsed vagina and cervical erosion .. .. .	1
Retroversions, including 1 gravid. uterus, and 1 with cervical erosion .. .. .	5
Ectopic gestation .. .. .	1
Kraurosis vulva .. .. .	1
Sterility, due to chronic cervicitis and cervical erosion	2

It is hoped that more use will be made of the post-natal clinics after the establishment of the municipal midwifery service. At present, routine examination after child-birth is not popular, and much prejudice will have to be broken down before these clinics can really prove themselves valuable.

## OPHTHALMIC TREATMENT.

Arrangements have been made for cases to be referred from the toddler's clinics to the special clinics held by the consultant ophthalmologist under the auspices of the Education Committee.

## ALTERNATIVE CLINIC ARRANGEMENTS.

When the new clinic at Watkin Street is opened early in 1937 it is proposed to transfer there the ante-natal clinic from Burgess Street and the infant welfare clinics from the present Watkin Street and Victoria Street premises, the latter being closed. It is hoped to find new premises for the Hamilton Street Infant welfare clinic at an early date, and to open a new infant welfare clinic as an experiment in premises in the Old Clee district. It is also hoped to hold a special venereal diseases clinic for women at the Watkin Street premises.

Ophthalmia  
Neonatorum.

Fifteen notifications of ophthalmia neonatorum were received during the year. By arrangement with the District Nurses Association home nursing was provided by the Local Authority in eight cases and two cases were removed to hospital. There was no incidence of damage to sight in fourteen cases and one case was still receiving institutional treatment at the end of the year. See Table M. & C.W. 4.

Home-Help  
Service.

Home helps have been employed to assist in fifteen cases during the year. In the majority of cases, the home-helps were provided free of charge.

Dental  
Treatment.

Mr. C. F. Salt, L.D.S., reports that during 1936 he has given one session per week for the treatment of patients from the maternity and child welfare clinics.

245 adults and 93 children under five years of age were treated. 717 attendances were made during 41 sessions giving an average of 17.48 attendances per session.

45 nursing or expectant mothers were fitted with artificial dentures,

59 cases in various stages of treatment, or for various reasons such as ill-health, or not keeping up the required payments are awaiting dentures.

	Attend- ances	Teeth Extracted	Gas N <sub>2</sub> O	Local	Fillings	Scaling	Dentures Fitted.
Adults—245	599	1362	327	10	—	—	45
Infants—93	118	369	118	—	—	—	—

There was a slight increase in the number of cases admitted to the Home, from 506 in 1935 to 517 in 1936, but a diminution of one day in the average duration of stay. Six cases were admitted immediately after confinement for various reasons, namely, extreme poverty, lack of suitable accommodation, no preparation made for confinement, post-partum hæmorrhage, adherent placenta, etc. 6 per cent. of the total deliveries were conducted by doctors and 94 per cent. by the nursing staff.

The fees of 39 patients were paid by the Public Assistance Committee. There were 11 cases of puerperal pyrexia notified from the Home, the causes of pyrexia being :—

Acute mastitis .. .. .	6
Local sepsis .. .. .	3
Sapræmia .. .. .	2

During the year there was an unusual incidence of acute mastitis, though in no case could spread of infection be traced from one patient to another. It is the invariable practice to isolate all such cases, even in the preliminary stages of sore nipples. There was also an outbreak of acute gastro-enteritis amongst the babies during August and September. In this, too, despite all efforts at isolation, special nurses, etc., the causative agent could not be traced. Repeated bacteriological examination of stools, etc., revealed the presence of B. Coli only. The last case of the outbreak developed in a baby born after the discharge of the previous cases and no contact could be traced, as it had been nursed by separate nurses and in a different part of the Home. This last case ended fatally, within 36 hours of the cessation of all gastro-intestinal symptoms, from a basal pneumonia.

Only two maternal deaths occurred in the Home during the year, one from acute dilatation of the stomach, seven days following an operation for acute appendicitis and four days after delivery, the other from pulmonary oedema and shock following prolonged labour, failed forceps and craniotomy. The latter case was admitted as an emergency, after labour had gone on for three days.

The first case was not included in the Maternal Mortality rate, as it was felt that the acute abdominal condition would probably have ended fatally, irrespective of pregnancy and parturition,

Municipal  
Maternity  
Home.

There were 17 deaths of infants within 10 days of birth, particulars as follows :—

Prematurity .. .. .	10
Broncho-pneumonia .. .. .	1
Congenital heart disease .. .. .	2
Atelectasis .. .. .	1
Congenital debility .. .. .	1
Melaena neonatorum .. .. .	1
Intra-cranial hæmorrhage (post-maturity) ..	1

Prematurity was due to ante-partum hæmorrhage in three cases, complicated by placenta prævia in one case, and in another case pregnancy was terminated on account of the mother being acutely ill with pulmonary tuberculosis. In the remaining six cases, there was no known cause.

Two cases of ophthalmia neonatorum were notified. One cleared up in 24 hours, but the other was a true gonococcal infection and was transferred to another institution for treatment.

The ante-natal clinic at the Home is held twice weekly, and the attendances have been well maintained.

At the post-natal clinic there has been an improvement in attendances, though there are still many failed appointments. This clinic is held in the morning and the time factor may have something to do with so many cases failing to attend.

187 new cases and 4 old cases made 264 attendances.

For a full statistical report of the work done during 1936, see *Table M. & C.W. 5.*

TABLE M. & C. W. 1.  
HOME VISITATION. WORK OF HEALTH VISITORS.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	Total
Visiting of children :—								
First Visits .. .. .	241	210	214	225	298	261	189	1638
Subsequent visits (under 1 yr.)	2030	1499	1846	2008	1899	1499	1160	11941
do. do. (over 1 yr.)	1847	2169	2804	2510	2210	2083	1168	14791
Visits to Stillbirths .. ..	6	9	5	10	7	5	9	51
do. Ophthalmia Neo.cases								
First visits ..	1	1	1	1	1	—	—	5
Subsequent visits ..	1	1	1	1	7	—	—	11
do. Ante-natal cases ..	157	213	182	259	112	170	99	1192
do. Whooping Coughcases	15	31	92	66	19	48	39	310
do. Measles cases ..	36	28	22	80	20	47	11	244
do. Chicken-pox cases ..	1	3	2	—	—	2	1	9
do. Infantile Diarrhœa								
cases ..	1	—	—	4	—	3	—	8
do. Puerperal Fever cases	—	—	—	—	—	—	—	—
do. do. Pyrexia cases	—	—	—	2	—	—	—	2
do. Cases under Children								
Acts, 1908-32 ..	30	21	63	13	35	14	25	201
do. Miscellaneous cases	114	234	183	69	185	162	152	1099
Total visits ..	4480	4419	5415	5248	4793	4294	2853	31502
Weekly average for each Health Visitor .. ..	95	94	115	112	102	91	87	—

TABLE M. & C. W. 2.  
NOTIFICATION OF BIRTHS.

Notified by				Live Births	Still Births
Medical Practitioners .. ..	..	..	..	397	21
Certified Midwives .. ..	..	..	..	1,046	37
Parents and others .. ..	..	..	..	7	—
				1450	58
Total Notifications received ..				1,508	



TABLE M. & C. W. 3.  
INFANT WELFARE CENTRES. STATISTICS.

	Hamilton Street	Watkin Street	Victoria Street	Nunsthorpe	Total
Number of names on register .. ..	716	378	375	387	1856
Attendances :—					
Mothers.. ..	7803	3887	4507	3829	20026
Babies .. ..	5838	2865	3207	3116	15026
Children .. ..	2826	1427	1541	1414	7208
Average attendance per Session :—					—
Mothers.. ..	79	86	89	82	—
Babies .. ..	59	64	63	66	—
Children .. ..	29	32	30	30	—
Consultations .. ..	3110	1474	1610	1499	7693
Average Consultations per session .. ..	32	33	32	32	—

TABLE M. & C. W. 4.  
OPHTHALMIA NEONATORUM.

CASES			Vision un- impaired	Vision impaired	Total Blindness	Deaths
Notified	Treated					
	At Home	In Hospital				
15	13	2	*14	—	—	—

\* One case was still receiving Institutional treatment at the end of the year.

TABLE M. &amp; C. W. 5.

Name of Institution	.. ..	Municipal Maternity Home.
Number of Beds	.. ..	38
Address	.. ..	Second Avenue, Nunsthorpe, Grimsby.
<i>Medical Superintendent</i>	.. ..	DR. J. W. HEPBURN.
<i>Matron</i>	.. ..	MISS M. L. ARCHER.

Information required.	Particulars.
(1) Number of Maternity cases admitted during the year .. ..	517
(2) Average duration of stay .. ..	14 days.
(3) No. of cases delivered by— (a) Midwives .. .. (b) Doctors .. ..	(6 cases were admitted to the Home after delivery had taken place outside, for various reasons). 467 30
(4) No. of cases in which medical assistance was sought by a midwife in emergency .. ..	117
(5) No. of cases notified as— (a) Puerperal fever .. .. (b) Puerperal pyrexia .. ..	Nil 10
(6) No. of cases of pemphigus neonatorum	Nil
(7) No. of infants not entirely breast fed while in the institution .. ..	39
(8) No. of cases notified as ophthalmia neonatorum, stating the result of treatment in each case .. ..	2 One case cleared up in 24 hours. One case transferred to another Institution and still receiving treatment at end of year
(9) No. of maternal deaths— Cause of death in each case :—	2 1 Appendicectomy three days before delivery, acute dilatation of stomach. 2 Emergency case. Pulmonary Oedema and shock.
(10) No. of infant deaths— (a) Stillborn .. .. (b) Within 10 days of birth .. .. Cause of death in each case :— (a) Stillborn.	20 17  4 Macerated foetus. 2 ? Specific. 2 Persistent occipito-posterior presentation. 2 Breech presentation. 2 Twin birth, 38 weeks and 36 weeks. 1 Large foetus, elderly primip. 1 Post mature. 44 weeks. 1 Hydramnios. Anencephalic—spina bifida. 1 Accidental haemorrhage due to fall. 1 Prolapsed arm and shoulder. 1 Marginal placenta praevia. A.P.H. 1 Pyelitis. 34 weeks. 1 Eclampsia. Full term.
(b) Within 10 days of birth.	1 Melaena neonatorum. 1 Intracranial haemorrhage, Post mature. 1 Congenital debility. 2 Congenital heart. 1 Broncho pneumonia. 1 Atelectasis. 10 Prematurity, particulars as follows— 1 28 weeks, mother tuberculous. 1 A.P.H. 2 Due to fall. 1 A.P.H. marginal placenta praevia. 2 Twin birth, 32 weeks. 1 29 weeks. 1 34 weeks. 1 37 weeks.



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**SECTION C.**

**SANITARY CIRCUMSTANCES.**

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SECTION C.—**SANITARY CIRCUMSTANCES.**

Water.

This is supplied as yet by a private company, who provide the town with a plentiful supply of water having all the physical properties of a good drinking water and a very low bacterial content. It is naturally hard, due principally to the dissolved chalk as it is derived from the chalk strata which approaches the surface at the Wolds, a few miles distant from the Borough. It usually contains about 18·5 degrees of temporary hardness and 4·5 degrees of permanent hardness due to sulphates.

Water softening plants have been installed in several institutions, factories, and many private residences. Extensions of mains continue as new streets are laid out.

Quarterly bacteriological and chemical analyses were carried out during the year, the following two reports give a criterion of the findings for the year.

## BACTERIOLOGICAL REPORT. SAMPLE No. 168/J.

## Quantitative Enumeration of Bacteria.

On Agar Plates, incubated at 20°C. for 3 days, 2 colonies per 1 c.c. developed.

On Agar Plates, incubated at 37°C. for 2 days, 5 colonies per 1 c.c. developed.

## Examination for Special Bacteria.

B. Coli types	..	..	..	absent in 100 c.c.
Streptococci	..	..	..	absent in 100 c.c.
Clostridium Welchii	..	..	..	absent in 40 c.c.

## Result of Examination.

From the consideration of the above data no exception can be taken upon bacteriological grounds to the use of this water for domestic purposes.

(Sd.) J. W. B., Pathologist.

## CHEMICAL REPORT. SAMPLE No. 168/G.

				Grains per Gallon.
Total solid residue	..	..	..	20·72
Chlorine	..	..	..	1·40
				Parts per Million.
Free Ammonia	..	..	..	0·002
Albumenoid Ammonia	..	..	..	0·010
Nitrogen as Nitrates	..	..	..	2·500

## Remarks :—

From the above data I conclude that this water is chemically satisfactory for a public supply.

(Sd.) J. A. FOSTER, F.I.C., etc., *Borough Analyst.*

I am indebted to the Borough Surveyor, Mr. H. G. Whyatt, for the following information in respect to drainage and sewerage of the Borough :—

A description of the drainage and sewerage of the Borough was given on pages 28 and 29 of the report for 1932. Drainage and Sewerage.

The main sewer through Scartho was constructed some three years ago, and afterwards sewers in the populated side roads, viz., Ferriby Lane, Church Lane, St. Giles' Avenue and East End Lane. Sewers in these roads were connected to the main sewers in 1933.

Since the issue of the last report the construction of a sewer in Springfield Road has been completed, and the whole of the sewage of the Grimsby Corporation Hospital and all other premises in Springfield Road now enters this main sewer, eventually being discharged at the Eastern outfall.

At the time of writing the construction of a main sewer at a deep level for the whole of the Grant Thorold district and the eastern side of the town is now in hand ; although very great difficulties have been met with owing to the unsatisfactory nature of the sub-soil, the work is making good progress.

With the exception of a few outlying farm houses and bungalows in Scartho, practically the whole of the houses in the Borough are now connected to the main sewers.

Apart from the River Freshney, which enters the town to discharge into the Dock, there are no rivers or streams in the area. In dry weather periods some dredging or cleansing of the river and banks is required. There are no factories discharging noxious effluents into the Freshney. The remainder of the water front is tidal. Rivers and Streams.

Almost the whole of the Borough is on the water carriage system, each house having its separate water closet. In the added areas (being outlying parts) water closets will continue to be installed as sewers are available. Closet Accommodation.

The location of pail closets yet in existence is :—

Scartho	..	..	..	44
Bradley Hollow	..	..	..	16
Old Clee	..	..	..	7
Little Coates	..	..	..	6

There were about 300 hand-flushed water closets in the borough, but owing to slum clearance and some owners installing flushing apparatus, this number has probably been reduced by half.

Slum clearance will account for a further reduction of the above number.

I am indebted to Mr. R. C. Birch, Cleansing Superintendent, for the following information :—

#### COLLECTION OF DOMESTIC AND TRADE REFUSE.

House and shop refuse is collected weekly, and the refuse from hotels, cafes, etc., twice and in some cases three times weekly. Public Cleansing.

Our work in the collection of refuse continues to increase in bulk and weight, for during the year ending on December 31st 1936, 348 additional premises were added for attention, and 350 tons of refuse was dealt with in excess of the amount collected during the corresponding period of the previous year.

The privy boxes still remain in the Scartho, Fairfield and Bradley districts, and are emptied weekly (under the supervision of the Cleansing Department) by a contractor who carries out the work in a satisfactory manner.

Complaints as to the service given to householders are practically negligible, and any premises found to be locked or dust bins found to be on fire are notified to the occupier by post card.

#### DISPOSAL OF REFUSE.

The department continues to be fortunate in still having two excellent estates on which "controlled tipping" is taking place, thus easing the work at the destructor which is now 35 years old. This plant is only capable when worked at full pressure of dealing with 48 per cent. of the total amount of refuse now collected.

No complaint whatever has been brought to my notice during the year in the manner "controlled tipping" has been carried out. The Nuns Estate is in full view of the general public and overlooked by residential premises.

Members of the Louth Council after inspections of the system of "controlled tipping" have been loud in their praise of the work carried out, and have recently commenced this method of disposal in their Borough.

During the year ending on March 31st 1937, 24,932 tons of refuse was disposed of in the following manner :—

Corresponding period last year. Tons.		Year ending 31st March, 1937. Tons.
7,491	Incineration—Destructor .. ..	8,457
58	Land and allotments for manurial purposes .. ..	34
2,660	Controlled Tipping—Little Coates ..	1,479
5,582	„ „ —Gilbey Estate ..	5,238
8,687	„ „ —Nuns Estate ..	9,612
—	Waste Paper for Baling and Sale ..	8
104	Nightsoil, tipped for farmers .. ..	104
<u>24,582 tons.</u>		<u>24,932 tons.</u>

#### STREET SCAVENGING.

This work is carried out by horse gangs in the town, and by barrow men in the main streets and the outlying districts. Special scavenging is carried out after each market, both town and Freeman Street. The main thoroughfares throughout the town are swept on Saturday evenings from 10-30 p.m.

Street gullies are emptied six times per year in all parts of the Borough. Service is also given free of charge by emptying private gullies on house property when requested by the Health Department or occupiers.

The contents of gullies are used to rot down sweepings tipped at the various depots and makes a valuable top dressing for the refuse disposal tips where suitable soil is not available.

*Statistics for the Year ending 31st March, 1937.*

Corresponding period last year.		COLLECTION OF REFUSE.	Loads Collected.		
Motor.	Horse.		Motors.	Horses.	Total.
877	6,127	To Destructor .. ..	1,089	6,842	7,931
4	55	„ Allotments and land ..	4	28	32
1,514	12	„ Little Coates R.D.C. Tip..	986	—	986
1,721	2,569	„ Gilbey Estate Tip ..	1,428	2,652	4,080
4,122	1,294	„ Nuns Estate Tip ..	4,987	552	5,539
—	—	„ Depot for Baling ..	—	8	8
<u>8,238</u>	<u>10,057</u>		<u>8,494</u>	<u>10,082</u>	<u>18,576</u>
Total 24,582 tons.			Total 24,932 tons		

STREET SCAVENGING (Day and Night).					
159	571	To Depots and Destructor ..	157	1,098	1,255
—	4,167	„ Holme Hill Brick Pit ..	—	3,664	3,664
—	3,706	„ Allotments and land ..	—	3,819	3,819
—	271	„ Snow removal (tipped at brick pit, sewers &c.)	—	140	140
<u>159</u>	<u>8,715</u>		<u>157</u>	<u>8,721</u>	<u>8,878</u>

REMOVAL OF DETRITUS FROM RIBY STREET PUMPING STATION.					
1,378	Total loads removed .. ..			1,180	
	Deposited for Farmers on land ..			966	
	„ on Allotments ..			160	
	„ at Pulverizer depot ..			54	

#### PULVERIZERS.

House refuse and detritus mixed and disposed of by									
13 trucks			rail to Farmers				Nil.		
T.	C.	Q.	DESTRUCTOR.				T.	C.	Q.
7,012	10	3	House refuse delivered to				7,973	1	0
478	11	0	Trade and sundry refuse delivered				483	12	3
<hr/>							<hr/>		
7,491	1	3					8,456	13	3
<hr/>							<hr/>		
2,772	3	1	Rough clinker removed sold				2,585	6	0
786	10	3	Fine ash and flue dust sold				967	10	1
23	17	1	Assorted scrap iron sold				39	6	1
335	5	3	Baled Tins sold				347	0	0
<hr/>							<hr/>		
3,917	17	0					3,939	2	2



Sanitary  
Inspection.

I am indebted to Mr. J. G. Watson, Chief Sanitary Inspector, for the following Report, furnished under Article 27 (Sub Section 18) of the Sanitary Officers (Outside London) Regulations, 1935, for the year ending 31st December, 1936 :—

## INSPECTIONS.

Slaughterhouses .. .. .	4371
Meat shops and stalls .. .. .	4932
Milk shops and purveyors .. .. .	317
Cowsheds .. .. .	89
Food preparers .. .. .	1425
Ice-cream makers and vendors .. .. .	135
Bakehouses .. .. .	161
Fried Fish shops .. .. .	129
Offensive trades, including fish curers .. .. .	450
Factories and workshops .. .. .	115
Common lodginghouses .. .. .	55
Housing and nuisances .. .. .	6337
Housing Consolidated Regulations, 1925 .. .. .	438
Infectious diseases .. .. .	607
Caravans .. .. .	79
Piggeries and stables .. .. .	73
Cinemas .. .. .	45
Public Conveniences .. .. .	373
Fishmongers and poulterers .. .. .	57
Grocers .. .. .	29
Restaurants .. .. .	36

## NOTICES ISSUED.

Informal .. .. .	3575
Statutory <i>re</i> Housing .. .. .	26
Statutory under other Acts .. .. .	15

## SUMMARY OF DEFECTS REMEDIED.

*Drainage and Conveniences.*

Drains relaid .. .. .	15
New drains laid .. .. .	18
New gully covers fixed .. .. .	23
New gullies fixed .. .. .	20
Drains, gullies and w.c.'s cleared (involving 1832 houses) .. .. .	563
Emergency Orders obtained under Sec. 41 P.H.A., 1875 .. .. .	75
Downspouts repaired .. .. .	18
New downspouts fixed .. .. .	9
New inspection chamber covers .. .. .	9
New inspection chambers built .. .. .	3
W.c.'s repaired (general) .. .. .	15
New w.c. pedestals fixed .. .. .	31
W.c. cisterns repaired .. .. .	46
W.c. service pipes repaired .. .. .	54
W.c. floors repaired .. .. .	23
W.c. walls rebuilt .. .. .	25

W.c. roofs repaired .. ..	38
New w.c. fittings (general) .. ..	28
Waste pipes repaired .. ..	6
New waste pipes fixed .. ..	10
New w.c. seats fixed .. ..	20
New w.c. eavesgutters fixed .. ..	33
New scullery sinks fixed .. ..	6
New ventilating shafts fixed.. ..	3
Sumps abolished .. ..	4
W.c.'s cleansed .. ..	18

*Other Nuisances, etc.*

Passage pavements renewed (adjoining houses) .. ..	158
New dustbins provided by informal action..	609
Complaints received and investigated ..	2177
Verminous houses disinfested .. ..	101
Dangerous walls rebuilt .. ..	48
Rooms disinfected <i>re</i> infectious diseases ..	496
Rat and mice investigations.. ..	105
Yard and passage fences repaired .. ..	16
Houses cleansed .. ..	17
Refuse accumulations removed .. ..	27
Dirty fowl runs cleansed .. ..	3
Dangerous outbuildings demolished .. ..	2
Drains smoke-tested .. ..	16

*Offensive Trades.*

No. of Tripe boilers .. ..	5
„ Fat melters .. ..	5
„ Glue works .. ..	1
„ Gut scrapers .. ..	1
„ Hide and skin dealers .. ..	2
„ Fish meal works .. ..	1
„ Fish curers .. ..	52
Total .. ..	67

The fish meal works are fitted with good condensing plant, and whilst a few complaints were received during the year regarding smells, they were upon investigation of a temporary nature. Proprietors at all times work hand in hand with officials to prevent as far as possible any nuisance occurring.

No. of breaches of byelaws found .. ..	6
No. of defects remedied .. ..	6

*Factory and Workshops.*

Defects.	Found.	Remedied.
Choked drains .. ..	2	2
Floors renewed or repaired .. ..	3	3
Eavespouts renewed or repaired .. ..	3	3
Roofs renewed or repaired .. ..	2	2

		Found.	Remedied.
	Wall and ceiling plaster repaired ..	2	2
	Insufficient accommodation .. ..	5	5
	Unsuitable or defective accommodation	2	2
	New drains laid .. .. .	2	2
Common Lodging Houses.	No. on Register .. .. .	..	7
	No. of deputies .. .. .	..	7

Breaches of Byelaws, chiefly concerning cleanliness of the premises, have been brought to the notice of the keepers, and the matters have been remedied at once.

Rag Flock  
Acts, 1911  
and 1928.

There are no rag flock manufacturers within the Borough.  
3 samples of rag flock were analysed by the Borough Analyst, and the soluble chlorine present ranged from 10 to 26 parts per 100,000. They all complied with the Acts which fix a limit of 30 parts per 100,000.

Fertilizers  
and Feeding  
Stuffs Act,  
1926.

10 samples were submitted for analysis under this Act, viz. :—  
1 Ordinary Egyptian Cotton Cake, 1 Meat and Bone Meal, 1 Maize Germ Meal, 1 Alfalfa Meal, 1 Basic Slag, 1 Sulphate of Potash, 1 Linseed Meal, and 3 samples of Fish Meal.

9 of the 10 samples were certified as complying with the statutory statements issued by the vendors. The sample not complying was a sample of Alfalfa Meal which contained 3·7% of excess fibre. A letter of warning was sent to the vendor concerned.

Places of  
Public  
Entertain-  
ment.

In accordance with the requirements of the Ministry of Health (circular No. 120) inspections have been made during the year, and the premises found to be in every way satisfactory.

Rats & Mice  
(Destruc-  
tion) Act,  
1919.

During 1936, 12,433 rats were brought to the Corporation destructor.

105 inspections were made to investigate possible defective drains and general repressive measures were adopted.

National Rat Week was held from the 2nd to 7th November, 1936, and the following procedure was adopted —

Advertisements in the local papers.

Ministry of Agriculture posters were placed on all hoardings within the Borough.

A rat catcher was employed during the week upon Corporation allotments and other properties.

Poison baits distributed where necessary.

Inspections were made to all likely infested premises, and assistance rendered by advice, etc.

Shops Act,  
1934.

65 inspections were made during 1936 under this Act.

It is found in general that the Act is being complied with regarding conveniences, washing facilities, temperature, and ventilation.

Only matters of a very trivial nature have had to be brought to the notice of proprietors. The remainder of the Act is administered by the Borough Police Department,

During the year seventeen half hour observations were taken of ten factory chimneys. On occasions when the emissions of black smoke were somewhat excessive the engineers in charge were interviewed and subsequent observations proved that in most cases improvement had been effected. Fourteen of the observations taken showed no nuisance whatever.

Smoke  
Abatement.

On the 10th August, 1936, a byelaw became operative which allows a maximum of black smoke to be emitted for a period of three minutes only within any continuous period of thirty minutes from any one chimney in a building other than a private dwelling-house.

The Authority own one public swimming bath having a capacity of 45,000 gallons. A number of hot water baths are also installed for the public within the same premises. The whole building is in general well conducted and surprise inspections are made from time to time, but no adverse reports have been made.

Swimming  
Baths

There is also a swimming bath attached to the Wintringham Secondary School having a capacity of 22,000 gallons, and it has been found at all times to be kept in a cleanly and satisfactory condition.

During the year eight samples were submitted for bacteriological examination, and as the results in some cases were not quite satisfactory it was decided that at both baths the water should be changed every night. Since this has been done further samples have been taken which were highly satisfactory. As a further precaution, chlorination still takes place each time the baths are filled.

#### SUMMARY OF BACTERIOLOGICAL EXAMINATIONS OF BATH WATER.

Sample No.	B. Coli.	Streptococci.	Clostridium Welchii.	Premises.
1	Present in 1 c.c.	Present in 5 c.c.	Absent from 40 c.c.	Wintringham Sec. School.
2	Present in 1/100th c.c.	Present in 1 c.c.	Present in 40 c.c.	ditto.
3	Present in 5 c.c.	Present in 1 c.c.	Absent from 40 c.c.	ditto.
4	Present in 10 c.c.	Present in 5 c.c.	Present in 40 c.c.	ditto.
5	Present in 1 c.c.	Present in 1 c.c.	Absent from 40 c.c.	Orwell Street Public Baths.
6	Present in 1/10th c.c.	Present in 1 c.c.	Absent from 40 c.c.	ditto.
7	Absent from 10 c.c.	Absent from 10 c.c.	Absent from 40 c.c.	ditto.
8	Present in 10 c.c.	Present in 10 c.c.	Absent from 40 c.c.	ditto



These results are, generally speaking, most unsatisfactory, particularly the Orwell Street tests, and had alternative pools been available it is probable that more drastic action would have been taken.

A scheme of intermittent chlorination by hand gave reasonably satisfactory results at the Wintringham Secondary School, but was not so satisfactory at the other baths due to the variable use made of them and other factors. Some improvement was also made by the daily changing of the water at the Orwell Street baths instead of thrice weekly as formerly.

Public Conveniences.

Prior to April, 1936, the public conveniences were under the control of the Borough Surveyor, but the Local Authority resolved that as and from the 1st April, 1936, these should be under the supervision of the Chief Sanitary Inspector. It was considered that the conveniences would be better administered by the Health Department as the sanitary inspectors whilst on their districts could keep in close touch with them regarding cleanliness, repairs and general management. Repairs are promptly executed by putting through orders to the Borough Surveyor.

There are in the Borough 28 conveniences with a total of 162 urinal stalls, 71 water-closets, 6 hot baths and 17 wash-basins. They comprise 6 for women where a caretaker is always in charge, 2 for men where a caretaker is always in attendance, and 20 where men are engaged, each having a certain number to control, visiting them three times per day.

Complaints regarding uncleanness are very rare, and it may be said that with very few exceptions the buildings and equipment are of modern construction.

Eradication of Bed Bugs.	No. of Council Houses found to be infested	..	..	Nil
	No. of other houses found to be infested	..	..	101
	„ „ „ disinfested	..	..	101

Methods employed in freeing infested houses :—

(1) Private builders employed by owners, who fumigate, use blow lamps behind skirtings, architraves, picture rails, etc., also free use of creosote.

(2) Officially by arrangement with owners or occupiers to provide a joiner to remove skirtings, architraves, picture rails, etc., and our employee to freely spray with insecticide as the joiner proceeds. Labour and fluid used is charged to the owner or occupier as agreed.

(3) Very few houses in Slum Clearance Areas have been found to be infested. Where at all suspicious every article of furniture has been thoroughly sprayed with insecticide upon removal, likely infested bedding destroyed or disinfected through the steam disinfector, and the house thoroughly sprayed.

No contractors have been engaged during the year for this work.

The water supply to the schools is satisfactory, but the facilities for washing and the sanitary accommodation leave a great deal to be desired. This is slowly being remedied by the provision of better accommodation where structurally possible, and by gradual school replacement. No schools were closed for infectious disease during the year, and some educational propaganda in regard to the futility of school disinfection has been initiated. Schools.



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**SECTION D.**  
**HOUSING.**

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## SECTION D.—HOUSING.

The number of houses erected in the Borough during the year was 370. 68 houses were demolished as a result of slum clearance, 5 were demolished in anticipation of formal notice and 46 others were demolished for sundry purposes such as giving place to other types of buildings.

Slum Clearance. The following information is supplied in respect to slum clearance.

Name of Order.	No. of houses.	Order made.	Date of local inquiry.	Result.
Burgess Street Clearance Order No. 10	11	25 5 36	29 9 36	Order confirmed 13th January, 1937.
Middle Court Clearance Order No. 11	6	25 5 36	29 9 36	Order confirmed 13th January, 1937, but one house excluded.
Holme Street Clearance Order No. 12	14	25 5 36	29 9 36	Order confirmed 13th January, 1937, but one house excluded.
Garden Street Clearance Order No. 13	21	25 5 36	29 9 46	Order confirmed 13th January, 1937.
Burgess Street Clearance Order No. 14	3	27 7 36	15 12 36	Order confirmed 26th February, 1937.
King Edward Street Clearance Order No. 15	8	27 7 36	15 12 36	Order confirmed 26th February, 1937.
Fotherby Street Clearance Order No. 16	3	27 7 36	15 12 36	Order confirmed 26th February, 1937, but one house excluded.
Berry's Buildings Clearance Order No. 17	8	27 7 36	15 12 36	Order confirmed 26th February, 1937.
King Edward Street Clearance Order No. 18	3	27 7 36	15 12 36	Order confirmed 26th February, 1937.
King Edward Street Clearance Order No. 19	6	27 7 36	15 12 36	Order confirmed 26th February, 1937.
King Edward Street Clearance Order No. 20	6	27 7 36	15 12 36	Order confirmed 26th February, 1937.
Humber Street Clearance Order No. 21	6	27 7 36	15 12 36	Order confirmed 26th February, 1937.
Hope Street Clearance Order No. 22	31	27 7 36	15 12 36	Order confirmed 26th Feb., 1937, but 10 houses excluded.
Strand Street Clearance Order No. 23.	25	28 9 36	15 12 36	Order confirmed 26th February, 1937.
Grime Street Compulsory Purchase Order No. 2.	16	25 5 36	29 9 36	Order confirmed 13th January, 1937.

The following table shews the number of houses demolished during the year under slum clearance.

Name of Order.	No. of Houses.	
	Total.	Demolished to December, 1936.
Hope Street Clearance Order No. 1	32	32
Allington Place Clearance Order No. 6	17	17
Foundry Lane Clearance Order No. 2	8	8
Burgess Street Clearance Order No. 8	8	8
Redhill Clearance Order No. 9	9	3

I am indebted to Mr. J. G. Watson, Chief Sanitary Inspector, for the remainder of the report of this section.

#### HOUSING STATISTICS.

##### I.—INSPECTION OF DWELLINGHOUSES DURING THE YEAR.

(1) (a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) .. ..	850
(b)	Number of inspections made for the purpose .. ..	2620
(2) (a)	Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .. .. .	145
(b)	Number of inspections made for the purpose .. ..	415
(3)	Number of dwellinghouses found to be in a state so dangerous and injurious to health as to be unfit for human habitation	Nil
(4)	Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .. ..	668

##### 2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers .. .. .	639
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## 3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

(a) Proceedings under sections 17, 18, and 23 of the Housing Act, 1930 :—		
(1) Number of dwellinghouses in respect of which notices were served requiring repairs .. .. .	29	
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—		
(a) By owners .. .. .	29	
(b) By local authority in default of owners .. ..	Nil	
(b) Proceedings under Public Health Acts :—		
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied .. .. .	Nil	
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—		
(a) By owners .. .. .	Nil	
(b) By local authority in default of owners .. ..	Nil	
(c) Proceedings under sections 19 and 21 of the Housing Act, 1930 :—		
(1) Number of dwellinghouses in respect of which Demolition Orders were made .. .. .	Nil	
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders .. .. .	Nil	
(d) Proceedings under section 20 of the Housing Act, 1930 :—		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. ..	Nil	
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. ..		Nil

## 4.—HOUSING ACT, 1935—OVERCROWDING :—

(a)— (i) Number of dwellings overcrowded at the end of the year		193
(ii) Number of families dwelling therein .. .. .		199
(iii) Number of persons dwelling therein .. .. .		1498
(b) — Number of new cases of overcrowding reported during the year .. .. .		Nil
(c) (i) Number of cases of overcrowding relieved during the year .. .. .		Nil
(ii) Number of persons concerned in such cases .. ..		Nil
(d)—Particulars of any cases in which dwellinghouses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding ..		Nil

OVERCROWDING SURVEY CARRIED OUT UNDER THE REQUIREMENTS  
OF THE HOUSING ACT, 1935.

At the latter part of 1935 and during 1936, an inspection of the Borough was carried out to ascertain what dwelling-houses were overcrowded according to the standard laid down in the Act.

It was restricted to dwelling-houses occupied or of a suitable type for occupation, by persons of the working classes, and included houses which were sublet in parts where the rooms occupied by each sub-tenant constituted a separate house for the purposes of the Act.

It was also provided in the Act that a report showing the result of the inspection, and the number of new houses (if any) required to abate overcrowding must be submitted to the Minister of Health. This comprehensive report, which included the first and second stages of the work, was dated May 18th, 1936, and dispatched to the Ministry.

At the end of the year no decision was made regarding provision of new houses specially for overcrowding as 575 houses were found on the first survey to be vacant, and it was thought that the question of overcrowding would automatically correct itself.

*Nature of the Survey.*

The survey was carried out in three stages; viz. :—

(a) Six enumerators were temporarily engaged, and particulars were recorded of 21,281 houses, of which 1,094 were found to be overcrowded. A large majority were proved later to be borderline cases or uncrowded. This portion of the work occupied about twelve weeks.

(b) The 1,094 cases were then visited and the houses measured by the assistant Sanitary Inspectors thereby resulting in 193 houses being overcrowded according to the Standards of the Act.

199 families were involved and 51 sub-let houses were found to be overcrowded.

At this stage it was possible to prepare the form C, Ministry report.

(c) This stage comprised measuring all houses other than the 1,094 previously mentioned.

For this work twelve temporary men were engaged and completed the task in slightly over three months.

The whole of the particulars were recorded in wards, and we were in a position to furnish the permitted number for each house to owners for entry in rent books.

This was done by the end of the year.

The Minister of Health fixed the 1st July, 1936, as the appointed day for Grimsby, under Section 6 of the Housing Act, 1935. This meant that every rent book or similar document used in connection



with a working class dwelling must, under penalty, contain a summary of certain provisions of the Act, and a statement of the maximum number of persons who may occupy the dwelling without the same being overcrowded.

*Standard of Overcrowding.*

The overcrowding standard set out in the Act is in two parts, viz. :—

(a) The sleeping accommodation must be such as to secure the separation of the sexes over ten years of age, excepting those married or living as man and wife.

(b) A standard of capacity which fixes in relation to the accommodation of any particular house the maximum number of persons, apart from sex, who may be permitted to sleep in that house at any one time.

The two tables in the first schedule of the Act are given below :—

TABLE I.

Where the house consists of—	The permitted number of persons is—
(a) One room.	2
(b) Two rooms	3
(c) Three rooms	5
(d) Four rooms	7½
(e) Five rooms or more	10 with an additional two in respect of each room in excess of five.

(In using this table a room of less than 50 square feet is not counted as a bedroom.)

TABLE II.

Where a room in a house has a floor area of—	The permitted number of persons is—
(a) 110 sq. ft. or more	2
(b) 90 sq. ft. or more, but less than 110	1½
(c) 70 sq. ft. or more, but less than 90	1
(d) 50 sq. ft. or more, but less than 70	½
(e) Under 50 sq. ft.	Nil

In the application of these tables account is to be taken only of rooms which are normally used in the locality either as living rooms or bedrooms.

It is obvious that a house having one or more small bedrooms will be adversely affected by these standards.

In determining for the purpose of these standards the number of persons sleeping in a house, no account shall be taken of a child under one year old, and a child who has attained one year and is under ten years old shall be reckoned as one half of a unit.

#### *Families Overcrowded.*

The number of families found to be overcrowded is shown in the accompanying table.

The table shows the number of families according to the number of rooms separately occupied and distinguishes between those families overcrowded and those uncrowded. The families overcrowded are shown below the stepped line and those not overcrowded above.

#### *Extent of Overcrowding.*

Ward	Overcrowded Houses	Overcrowded Families
Alexandra	9	9
Central	14	14
Clee .. ..	9	9
Coates .. ..	8	8
Council Estates .. ..	3	3
Hainton .. ..	Nil	Nil
Humber .. ..	36	38
North-East .. ..	32	34
Scartho .. ..	Nil	Nil
South .. ..	8	8
South-West .. ..	6	6
Weelsby .. ..	3	3
Wellington .. ..	17	17
Wellow .. ..	3	3
Victoria .. ..	45	47

Two families were overcrowded to the extent of 4 adults.

Three „ „ „ „ 3½ „

Six „ „ „ „ 3 „

Six „ „ „ „ 2½ „

Twenty four „ „ „ „ 2 „

Twenty-eight „ „ „ „ 1½ „

Fifty-seven „ „ „ „ 1 „

Seventy-three „ „ „ „ ½ „

When the official report issued by the Ministry of Health regarding overcrowding throughout England and Wales arrived, it was gratifying to note that of the 83 County Boroughs, Grimsby was third from the top of the list as having least overcrowding, the percentage being 0.9.

The average percentage for the County Boroughs was 4.2, but in some northern towns it varied between 10 to 20 per cent.

Only Bournemouth and Northampton were less overcrowded than Grimsby.

Public Health Acts. The following statement shews the type of work done to effect improvements :—

Chimney stacks repaired or rebuilt .. .. .	33
New chimney pots fixed .. .. .	19
Roofs renewed or repaired .. .. .	175
Walls repaired .. .. .	81
Wall and ceiling plaster repaired .. .. .	194
Eavesgutters renewed or repaired .. .. .	96
Firegrates, firebacks, etc., renewed or repaired .. .. .	105
Floors renewed or repaired .. .. .	99
Yard pavings renewed or repaired .. .. .	125
Sash windows newly corded .. .. .	139
New coppers fixed .. .. .	61
Handrails fixed .. .. .	65
Handrails re-fixed .. .. .	123
Houses cleansed .. .. .	8
Doors and windows repaired .. .. .	162
Staircases repaired .. .. .	14
New damp proof courses inserted .. .. .	10
Damp walls remedied .. .. .	24
Downspouts renewed or repaired .. .. .	38
New skirtings fixed .. .. .	17
Waste pipes repaired .. .. .	19
Passages newly paved (adjoining 125 houses) .. .. .	25
New doorsteps provided .. .. .	13
Yard gates and posts renewed or repaired .. .. .	14
W.C. service pipes repaired .. .. .	66

Housing Consolidated Regulations, 1925. Statement showing the type of work done to render houses reasonably fit for human habitation at a reasonable cost :—

Firegrates renewed or repaired .. .. .	19
Coppers renewed .. .. .	16
Downspouts repaired .. .. .	9
Doors and windows renewed or repaired .. .. .	26
Roofs repaired or renewed .. .. .	37
Eavespouts renewed .. .. .	29
Wall and ceiling plaster repaired .. .. .	23
Room floors renewed or repaired .. .. .	44
Sash windows newly corded .. .. .	26
W.c.'s repaired .. .. .	32
Wastepipes repaired .. .. .	15
Gullies renewed .. .. .	9
Yard surfaces renewed .. .. .	18
Dustbins provided .. .. .	39
Other matters .. .. .	19

FORM C.

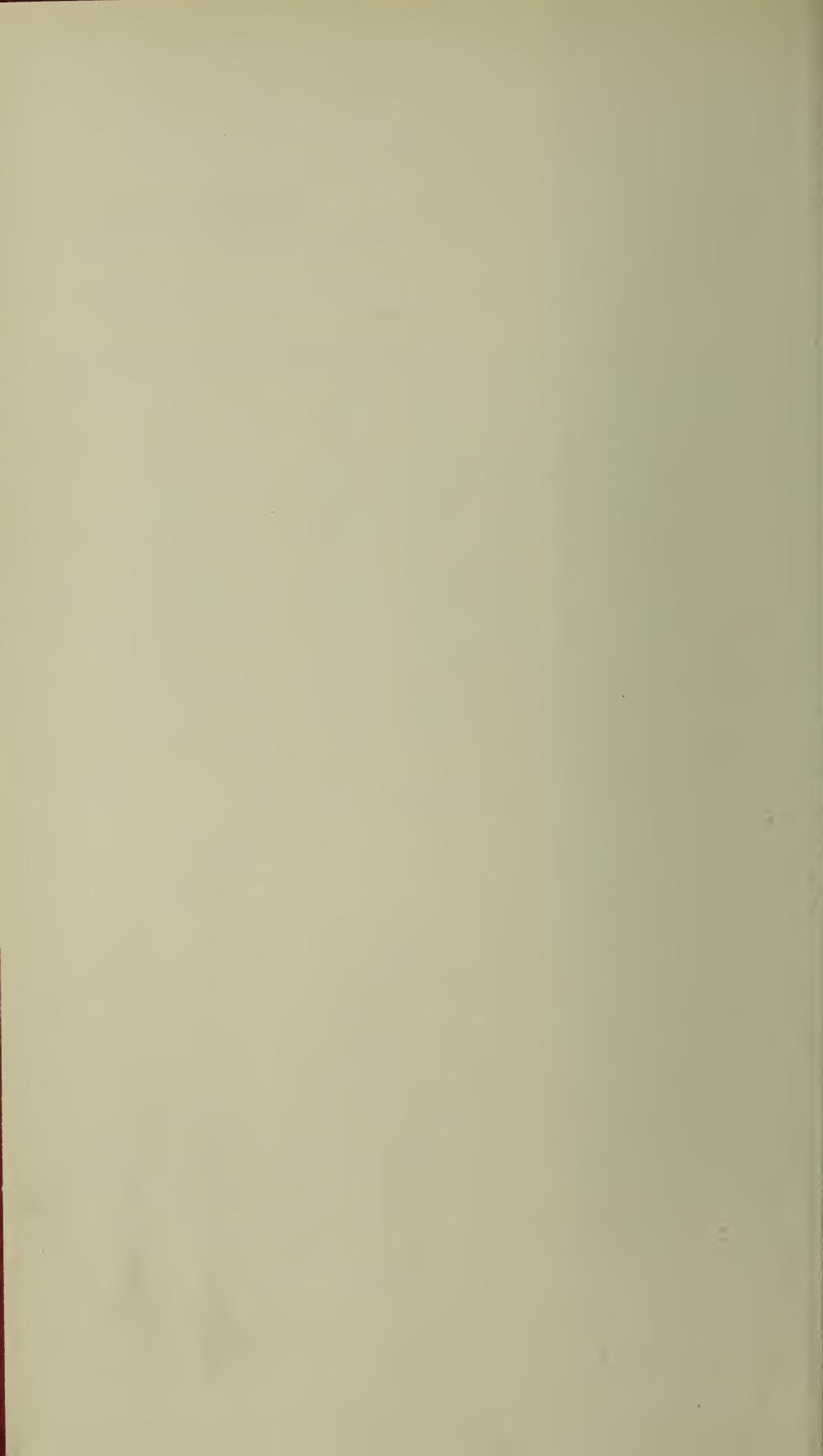
## OVERCROWDING SURVEY.

Name of Local Authority .. COUNTY BOROUGH OF GRIMSBY.

Area to which the report relates .. WHOLE BOROUGH INCLUDING COUNCIL HOUSES.

No. of persons in family.	PERMITTED NUMBER FOR DWELLING.																									TOTALS OF FAMILIES.		
	1	1½	2	2½	3	3½	4	4½	5	5½	6	6½	7	7½	8	8½	9	9½	10	10½	11	11½	12	12½	13	Over-crowded	Not over-crowded	Totals
1		283	37	192	11		95		5		208				241			121			17		4			—	1214	1214
1½		4	5	2	1		5				7				7			3								—	34	34
2			39	340	43	1	419	3	99		1181		5	3	2109	1		609			82		26			—	4960	4960
2½		1	4	14	66	1	203	1	70		542	1	1	2	886			152	2		8	1	3			5	1953	1958
3		1	3		49	1	328	5	139		1097	1	3	6	2062		1	694	1		89		26			4	4502	4506
3½			1		20	1	92	5	60		412	2	3	2	580			145	1		19		6			21	1328	1349
4			1		13	1	40	16	93	1	691	2	9	12	1380	4	2	460	2	1	78		23			15	2814	2829
4½					3	1	1	23	57		216		3	8	478	1		118			22		3			5	929	934
5					5		1	5	54	2	272	1	3	15	825	2		306	2	1	64	2	22			11	1571	1582
5½					2		1	1	18		134	7	1	6	275	8	4	115	1		22	1	3			22	577	599
6					2	1		5	11		21	13	32	41	404	3	6	182	1	1	32	4	11			19	751	770
6½					1			2	4	1	1	7	17	21	161	9	2	70		1	12		7			9	307	316
7								1	10	2	4	3	17	28	170	7	2	77	2	1	20	2	9			20	335	355
7½									1	1	1	2	2	19	71	2	4	41	1		11		4			7	153	160
8									2		1	3	2	10	18	6	11	30	2	1	18	2	7			18	95	113
8½									2					10	1	13	3	18	2	2	12		3			13	53	66
9									2		1			2	5	1	4	28	6		6	1	3			11	48	59
9½														2	1	3	3	2	3		3	1	1			9	10	19
10														1				2	3	2	1	1	2			3	9	12
10½															3	1					1	1	6			4	8	12
11																1										1	—	1
11½																						1	1			—	2	2
12																							1			—	1	1
12½																		1								1	—	1
13																					1					1	—	1
TOTALS ..																												
																									199	21654	21853	





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**SECTION E.**

**INSPECTION AND SUPERVISION**

**OF FOOD.**

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## SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

Milk  
Supply.

The duties in connection with the milk supply are divided between the Sanitary Inspectors, who deal with the dairies, etc., and the Borough Veterinary Inspector, who examines the herds of the producers within the area. I am indebted to the Borough Veterinary Inspector, Mr. A. J. Hines, M.R.C.V.S., for the following report of his work during 1936 :—

At the last inspection of dairy cows milk was being produced from 12 farms in the Borough with a cow population of 171 (in milk). Of the 12 farms eight are licenced to produce milk under the Accredited Milk Scheme. Of the four without such licences three only produce milk in small quantities, having two, three and seven cows respectively, while the fourth although a fairly large producer has not troubled to take out a licence. His milk production is, however, satisfactory.

The accredited farms are inspected quarterly, and mixed samples of milk are examined for cleanliness. Failure to keep up to the required standard may result in the loss of the licence.

In the course of inspection during the year eight cows were found to be suffering from tuberculosis with chronic cough, and one cow with tuberculosis of the udder. The diagnosis was generally verified by microscopic examination of sputum or milk.

There is no doubt that there is a gradual improvement in the system of dairying in the Borough. The compulsory installation of steam sterilizers and coolers is, however, a question which should be seriously considered.

In addition to the examination of milk for cleanliness, a mixed sample from all the herds except the two smallest (with two and three cows respectively) is sent away twice a year for biological examination. During the year 20 samples were sent away, 18 proving negative and 2 positive. One of these samples verified a suspected case which had already been slaughtered. In the other case a further examination was immediately made of the cows at the farm and the affected animal discovered and slaughtered.

The Tuberculosis Orders throw the onus of reporting suspected cases of tuberculosis on the owners. Three such cases were reported during the year and each was found to be a case of tuberculosis with emaciation. It should be pointed out that these cases reported by the owner are not necessarily dairy cows, but apply to any animal of bovine origin.

During the year, therefore, 14 cows have been discovered suffering from tuberculosis—nine at the quarterly inspection, three reported by owners, and two discovered after biological examination of milk. The cows are slaughtered, post-mortem examination made in each case, and the owner compensated according to post-mortem findings.

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This Order has been complied with in a satisfactory manner throughout the year. The standard of cleanliness has been satisfactory. Milk and Dairies Order 1926.

The following figures are of interest :—

	1935.	1936.
Number of wholesale purveyors on register .. ..	64	66
Number of milkshops and retail purveyors on register	440	468
Number of bottled-milk shops on register .. ..	106	122
Number of bottled-milk purveyors on register .. ..	21	30

The number of licences in operation during the year under this Order were :— Milk (Special Designations) Order, 1923 and 1936.

	1935.	1936.
Producers of Certified Milk .. .. .	Nil	Nil
Dealers in Certified Milk .. .. .	3	2
Dealers in Grade A. (Tuberculin tested) Milk .. .. .	1	1
Producers of Grade A. Milk (Accredited) .. .. .	8	8
Dealers in Grade A. Milk .. .. .	3	2
Producers of Grade A. Pasteurised Milk .. .. .	Nil	Nil
Dealers in Grade A. Pasteurised Milk .. .. .	Nil	Nil
Producers of Pasteurised Milk .. .. .	2	2
Dealers in Pasteurised Milk .. .. .	2	2

Supplementary licences :—

Certified .. .. .	1	1
Grade A. (Tuberculin Tested) .. .. .	Nil	Nil
Grade A. .. .. .	2	2
Pasteurised .. .. .	Nil	Nil

During 1936 the number of samples of designated milk submitted for examination, together with the results, were as follows :—

#### UNDER THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923 :—

	No. of Samples.	Complying.	Not Complying
Certified .. .. .	10	8	2
Pasteurised .. .. .	7	7	—
Grade A. .. .. .	6	6	—

#### UNDER THE MILK (SPECIAL DESIGNATIONS) ORDER, 1936 :—

	No. of Samples.	Complying.	Not Complying.
Tuberculin Tested .. .. .	21	19	2
Pasteurised .. .. .	11	11	—
Accredited .. .. .	5	2	3

Of the seven not complying with the prescribed conditions, letters were sent to those responsible and further samples taken proved satisfactory. The majority of the samples of tuberculin tested milk were taken on behalf of the Ministry of Health.

Under the Accredited Milk Scheme samples of accredited milk were taken quarterly for bacteriological examination, the results being given below :—

	No. of Samples.	Complying.	Not Complying.
Accredited .. .. .	32	32	—



Undulant  
Fever.

No cases of this disease were reported during the year.

There are two pasteurising plants in the area, both of which receive careful supervision and produce excellent results as careful regard is always paid to the factors of time and temperature. 18 samples of pasteurised milk were obtained during the year and all of them agreed with the prescribed conditions.

Meat and  
other Foods.

The appended information has been supplied by the Chief Sanitary Inspector :—

The greater part of the meat inspection is naturally carried out at the slaughterhouses. Where permanent notices of slaughter are given, almost daily visits are made, and regard is paid to those giving the ordinary notice from time to time.

The following statement shows the actual number of carcasses examined at slaughterhouses :—

Bullocks	..	..	..	..	..	1116
Heifers	..	..	..	..	..	1169
Cows	..	..	..	..	..	139
Calves	..	..	..	..	..	222
Sheep	..	..	..	..	..	4356
Lambs	..	..	..	..	..	65
Pigs	..	..	..	..	..	10721
Sides	..	..	..	..	..	10

As a result of inspection and in some instances inspection following a report, the statement below shows the meat and other foods voluntarily surrendered and disposed of at the Corporation destructor :—

<i>Article.</i>	<i>Reason for condemnation.</i>
3 beast carcasses and offal	Generalised tuberculosis.
3 heifer carcasses and offal	Generalised tuberculosis.
4 heifer carcasses and offal	Tuberculosis.
3 cow carcasses and offal	Generalised tuberculosis.
2 cow carcasses and offal	Tuberculosis.
1 cow carcase and offal	Badly fevered.
1 cow carcase and offal	Tuberculosis and emaciation.
1 cow carcase and offal	Tuberculosis and dropsical.
1 bullock carcase and offal	Tuberculosis.
1 bullock carcase and offal	Badly fevered.
1 calf carcase and offal	Badly fevered.
1 calf carcase and offal	Decomposed.
1 sheep carcase and offal	Fevered and emaciated.
2 sheep carcasses and offal	Found dead.
2 pig carcasses and offal	Generalised tuberculosis.
1 pig carcase and offal	Tuberculosis.
2 pig carcasses and offal	Decomposed.
1 pig carcase and offal	Dropsical and emaciation.
2 pig carcasses and offal	Acute swine erysipelas.
41 pig carcasses and offals	Swine erysipelas.

*Article.*

1 pig carcase and offal  
 1 pig carcase and offal  
 1 pig carcase and offal  
 13 pig carcasses and offal  
 4 pig carcasses and offal  
 1 pig carcase and offal  
 1 pig carcase and offal  
 1 pig carcase and offal  
 1 sow carcase and offal  
 189 pigs' mesenteries  
 33 sets pigs' lungs  
 81 sets pigs' lungs  
 1 set pig's lungs  
 2 sets pigs' lungs  
 2 sets pigs' lungs  
 22 sets pigs' lungs  
 1 set pig's lungs  
 11 pigs' livers  
 31 pigs' livers  
 14 pigs' livers  
 1 pig's liver  
 1 pig's liver  
 40 pigs' heads  
 3 pigs' heads  
 1 pig's head  
 6 pigs' hearts  
 3 pigs' hearts  
 184 pigs' plucks  
 4 pigs' plucks  
 7 pigs' plucks  
 2 pigs' plucks  
 1 pig's pluck  
 3 pigs' plucks  
 20 pigs' plucks  
 1 pig's spleen  
 1 forequarter of a pig  
 18 sets beast lungs  
 1 set beast lungs  
 1 set beast lungs  
 12 sets cows' lungs  
 3 sets cows' lungs  
 1 set cow's lungs  
 3 sets cows' lungs  
 12 sets heifer lungs  
 8 beast livers  
 2 beast livers  
 1 beast liver  
 6 beast livers  
 12 beast livers  
 2 beast livers  
 2 cow's livers

*Reason for condemnation.*

Found dead.  
 Septicaemia.  
 Measles.  
 Smothered in transit.  
 Jaundiced.  
 Bruised.  
 Worried.  
 Dropsical and erysipelas.  
 Generalised tuberculosis.  
 Tuberculosis.  
 Tuberculosis.  
 Pneumonia.  
 Abscesses.  
 Tenuicollis cysts.  
 Decomposed.  
 Blood infused.  
 Strongyli (Paradoxus).  
 Tuberculosis.  
 Cirrhosis.  
 Echinococcus cysts.  
 Abscesses.  
 Hydated cysts.  
 Tuberculosis.  
 Abscesses.  
 Putrefaction.  
 Tuberculosis.  
 Pneumonia.  
 Tuberculosis.  
 Cirrhosis.  
 Echinococcus cysts.  
 Pneumonia.  
 Pleurisy.  
 Tenuicollis cysts.  
 Decomposed.  
 Infarcts.  
 Tuberculosis.  
 Tuberculosis.  
 Pleurisy.  
 Tenuicollis cysts.  
 Tuberculosis.  
 Echinococcus cysts.  
 Multiple abscesses.  
 Pneumonia.  
 Tuberculosis.  
 Tuberculosis.  
 Distomatosis.  
 Echinococcus cysts.  
 Multiple abscesses.  
 Cirrhosis.  
 Abscesses.  
 Tuberculosis.

<i>Article.</i>	<i>Reason for condemnation.</i>
2 cow's livers	Distomatosis.
4 cows' livers	Angioma.
1 cow's liver	Fatty infiltration.
1 cow's liver	Necrosis.
1 cow's liver	Cirrhosis.
1 cow's liver	Abscesses.
1 cow's liver	Pneumonia.
1 heifer liver	Tuberculosis.
3 heifer livers	Distomatosis.
2 heifer livers	Multiple abscesses.
1 heifer liver	Cirrhosis.
18 beast mesenteries	Tuberculosis.
1 beast mesentery	Tenuicollis cysts.
4 cows' mesenteries	Tuberculosis.
3 heifer mesenteries	Tuberculosis.
13 beast heads and tongues	Tuberculosis.
3 beast heads and tongues	Actinomycosis.
7 cows' heads and tongues	Tuberculosis.
4 cows' heads and tongues	Actinomycosis.
3 heifer heads and tongues	Tuberculosis.
3 cows' udders	Tuberculosis.
3 cows' udders	Mastitis.
1 cow's udder	Multiple abscesses.
2 beast kidneys	Nephritis.
1 set cow's offals	Tuberculosis.
2 sets heifer offals	Tuberculosis.
1 sheep's pluck	Strongyli Rufesens.
1 sheep's pluck	Pleurisy.
2 forequarters of a sheep	Extensive bruising.
1 heifer forequarter, set of lungs, head, tongues and mesentery	Tuberculosis.
3 heifer stomachs, livers, lungs and spleens	Tuberculosis.
1 fore leg of a bullock	Arthritis.
2 forequarters beef, lungs, heart, mesentery, head, tongue and trimmings	Tuberculosis.
1 heifer tripe, lungs and trimmings	Tuberculosis.
1 piece flank beef, lungs, liver, skirt, tripe and mesentery	Tuberculosis.
4 hind quarters, leg and loin of mutton	Unsound.
310½ lbs. beef	Tainted.
103 lbs. frozen beef	Tainted.
173 lbs. chilled beef	Badly bruised.
338 lbs. English beef	Decomposed.
42 lbs. English beef	Heated and decomposing.
40 lbs. bacon	Decomposed.
3 roll shoulders of bacon	Decomposed.
5 lb. pork trimmings	Decomposed.
6 lb. potted beef	Decomposed.

<i>Article.</i>	<i>Reason for condemnation.</i>	
10 lb. jelly	Decomposed.	
4 stone of fat	Decomposed.	
10 lbs. cooked meat	Decomposed.	
48 lbs. of lamb	Decomposed.	
20 lbs. sausages	Decomposed.	
3 stone smoked haddocks	Decomposed.	
69 couple rabbits	Decomposed.	
2 cases rabbits	Decomposed.	
$\frac{1}{2}$ case imported eggs	Decomposed.	
3 glass tongues	Decomposed.	
9 6-lb. tins lunch tongues	Decomposed.	
12 6-lb. tins corned beef	Decomposed.	
128 lbs. tinned ham	Decomposed.	
1 tin jelly veal	Decomposed.	
1 3-lb. tin chicken	Decomposed.	
$\frac{3}{4}$ cask pigs' maws	Decomposed.	
1 6-lb. tin roast mutton	Decomposed.	
1 beast tongue	Decomposed.	
6 ducks	Decomposed.	
2 fowls	Decomposed.	
4629 tins of meat, fish, fruit and milk	Blown and unsound.	
No. on Register January 1st, 1936 .. .. .		34
No. on Register December 31st, 1936 .. .. .		31
No. of Slaughtermen's licences on Register .. .. .		142
No. of Slaughtermen's licences granted in 1936 .. .. .		6
No. of breaches of Byelaws .. .. .		4
No. of defects remedied .. .. .		4
Breaches of the Public Health Meat Regulations, 1924 .. .. .		nil

Slaughter-houses.

It will be noted by the inspections given at the beginning of this report that these have received particular attention. The markets are inspected on their respective days, and the Saturday market, which is the chief market, is visited from 8-30 a.m. to 9-30 a.m. to inspect incoming meat, again during the morning, afternoon and evening. By co-operation with the Inspector of the adjoining Rural Authority, much good is done by receiving reports from him as to the meat he has inspected which is coming into the Grimsby markets. This is carefully checked, and any noted which he has not seen. Slight infringements of the Meat Regulations have been promptly rectified.

Meat Shops,  
Stalls and  
Vehicles.

These comprise cookshops, restaurants and premises where sausages, meat pies, cooked meats, polonies, jellies, etc., are prepared. The type of meat used is carefully noted when making inspections, and it may be said in general such premises are well conducted. Minor improvements have been effected by drawing the attention of proprietors to same. The Sanitary

Food  
Premises.



Inspectors also draw the attention of proprietors to cleanliness of premises, utensils, etc. In regard to kitchens in the larger food premises in the town, emphasis is laid on means for maintaining a reasonably low temperature for the ready storage of foodstuffs under cover, and for the efficient sterilization of kitchen and other utensils, at the same time steps are taken to ensure that provision of adequate and suitable sanitary accommodation and of facilities for personal attention for the kitchen staff.

Bakehouses.	No. on register.. .. .	82
	No. of breaches of Factory and Workshops Acts ..	3
	No. of defects remedied .. .. .	3

These premises in general are found to be well conducted, and very few adverse reports were made.

**Fish Frying Premises.** These premises have not as yet been scheduled as offensive trades. The premises are found to be well equipped, and no complaints were received from residents in the respective neighbourhoods during the year. Frequent inspections were made to note cleanliness of premises and utensils, also to examine fish, fat used and the type of wrapping.

No. of breaches of local Byelaws .. .. .	5
No. of defects remedied .. .. .	5

**Ice Cream Vendors.** These premises receive particular attention during the early part of the season, the premises being inspected to note cleanliness and structural conditions when such work is likely to be commenced. Ice cream stalls and barrows are also inspected to note that they have the name and address of the vendor on them, so that any breach of the Byelaws can be easily referred to the responsible individuals.

National legislation has not yet enforced the registration of these premises. Generally speaking, it is most undesirable that ice cream should be retailed from private houses.

231 samples were sent to the Borough Analyst during the year under this Act. The number certified to be adulterated was 13 or 5·6% of the total number.

Food and  
Drugs  
(Adultera-  
tion) Act,  
1928.

The following table shews the articles which were sampled.

Article	Number taken	Official	Informal	Genuine	Adulterated
Arrowroot ..	4	—	4	4	—
Baking Powder	4	—	4	4	—
Bicarbonate Soda	2	—	2	2	—
Boracic Acid ..	2	—	2	2	—
Brawn ..	4	—	4	4	—
Butter .. ..	7	—	7	7	—
Cheese .. ..	4	—	4	4	—
Chicory .. ..	3	—	3	3	—
Coffee .. ..	5	—	5	5	—
Cokernut	2	—	2	2	—
(Dessicated)					
Cream .. ..	6	—	6	6	—
Glauber Salts ..	2	—	2	2	—
Ground Ginger ..	2	—	2	2	—
Ground Rice ..	2	—	2	2	—
Honey .. ..	2	—	2	2	—
Jam, Plum ..	1	—	1	1	—
Jam, Strawberry	1	—	1	1	—
Lard .. ..	6	—	6	6	—
Lemon Curd ..	2	—	2	2	—
Margarine ..	7	—	7	7	—
Milk, Raw ..	148	25	123	137	11
Pepper .. ..	4	—	4	4	—
Pudding, Black..	2	—	2	2	—
Sausages, Beef ..	4	—	4	4	—
Saveloys .. ..	2	—	2	2	—
Sweet Nitre ..	3	1	2	1	2
	231	26	205	218	13

The 13 defaulting samples were dealt with as shewn below :—

No. Sample	Nature of Sample.	Off. or Inf.	Particulars of Adulteration.	Result.
13	Milk	Inf.	Deficient in fat 30%	See official sample No. 40.
27	Sweet Nitre	Inf.	Deficient in Ethyl Nitrite 16·5%	See official sample No. 41.
39	Milk	Inf.	Deficient in fat 10%	Official sample later genuine.
40	Milk	Off.	Deficient in fat 10·3%	Vendor warned.
41	Sweet Nitre	Off.	Deficient in Ethyl Nitrite 24·5%	Vendor warned.
57	Milk	Inf.	Deficient in fat 10%	Official sample later genuine.
92	Milk	Inf.	„ „ 10%	Official sample later genuine.
163	Milk	Inf.	„ „ 13·3%	Official sample later genuine.
185	Milk	Off.	„ „ 24·3%	Defendant fined 10s.
198	Milk	Off.	„ „ 5%	Vendor warned.
216	Milk	Inf.	Added water 8·2%	See official sample No. 230.
230	Milk	Off.	„ „ 10·7%	Defendant fined £1/0/0.
233	Milk	Off.	„ „ 13·6%	Case dismissed.

No action was taken during the year under the Artificial Cream Act, 1929; the Public Health (Condensed Milk) Regulations, 1923 and 1927; or the Public Health (Dried Milk) Regulations, 1923 and 1927.

During the year 196 samples were analysed for the presence of preservatives, the various articles sampled being given below :—

Public Health (Preservatives, etc., in Food) Regulations 1925-27.

<i>Article.</i>	<i>No. obtained.</i>	<i>Result.</i>
Brawn.. ..	4	Genuine
Butter.. ..	7	"
Cheese.. ..	4	"
Cream .. ..	6	"
Honey .. ..	2	"
Jam, Plum .. ..	1	"
Jam, Strawberry .. ..	1	"
Lard .. ..	6	"
Lemon Curd .. ..	2	"
Margarine .. ..	7	"
Milk, Raw .. ..	148	"
Pudding, Black .. ..	2	"
Sausage, Beef .. ..	4	"
Saveloys .. ..	2	"

All chemical analysis was carried out by the Borough Analyst, Capt. J. A. Foster, F.I.C., F.C.S., 23 Chapel Lane, Hull.

Chemical & Bacteriological Examination of Food.

Bacteriological samples of milk and water were examined by the Pathologist, at the Grimsby and District Hospital, Grimsby.

Biological specimens, being milk for detection of tubercle bacilli, are examined by Dr. Sheather, Pathological Laboratory, Wroxton, Chorleywood, Herts.

A certain amount of educational propaganda is undertaken by articles contributed by the medical officers to the local edition of "Better Health" which has a circulation of 2,000. The ex-Empire Marketing Board frames were also used to display the posters of the Central Council for Health Education.

Nutrition.

The superintendent health visitor appointed during the year has been able to include in her mothercraft lectures some elementary instruction in dietetics combined with cookery demonstrations.

No action was taken under the Public Health (Shell-fish) Regulations, 1934, or the Public Health (Cleansing of Shell-fish) Act, 1932, there being no layings in the borough or district. Occasionally a few cockles are gathered by private persons from the Humberstone foreshore, but these are not offered for sale.

Shell-Fish (Molluscan)





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**SECTION F.**

**PREVALENCE OF, AND CONTROL  
OVER, INFECTIOUS AND OTHER  
DISEASES.**

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# SECTION F.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

General.

The incidence of notifiable diseases (other than tuberculosis) was as shewn below :—

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet Fever .. .. .	211	154	1
Diphtheria .. .. .	48	47	2
Enteric Fever (including Paratyphoid)	2	2	1
Puerperal Fever .. .. .	6	5	6
Puerperal Pyrexia .. .. .	23	11	—
Acute Poliomyelitis .. .. .	1	1	—
Ophthalmia Neonatorum .. .. .	15	1	—
Erysipelas .. .. .	35	15	1
Pneumonia .. .. .	35	11	76
			all forms
Chicken Pox .. .. .	683	9	—
Malaria (believed to be contracted abroad) .. .. .	1	1	—

No notifications were received in regard to small pox, cholera, typhus fever, plague, or dysentery.

Table II. on page 193 gives an analysis of the total notified cases under various age groups and in Wards.

Table VIII. on page 198 gives a comparison of the death-rates and case rates for certain infectious diseases.

Influenza is not notifiable unless complicated by pneumonia, so there is no means of knowing the incidence of this disease during the period under review. Three deaths were attributed to influenza during 1936.

It will be noted that the notifications rate in respect to pneumonia continues to be most unsatisfactory. Arrangements have been made to tighten up the machinery of receiving information from the school head teachers in respect to measles, whooping cough and chicken pox. All cases of measles and whooping cough are immediately visited by health visitors to ascertain whether there are any children under 5 in the house, and whether hospital accommodation is desirable.

Scarlet Fever.

Two hundred and eleven notifications of scarlet fever were received, giving an attack rate of 2.25 compared with 2.53 for England and Wales. There was one death, giving a death-rate of 0.01 which is the same as the rate for England and Wales.

154 cases (or 73 per cent.) were removed to the Corporation Hospital for treatment.

It is not yet appreciated by the public what a change has taken place in this disease in recent years, for it is now relatively mild in character in most cases. There is no reason now why cases of scarlet fever should not be nursed at home, provided there is sufficient isolation accommodation, and other children are not being kept away from school.

As a routine practice cases are now discharged from hospital after the 28th day, and this has not led to any increase in the carrier rate.

It should be considered whether terminal disinfection should not be given up following cases of scarlet fever, a practice which has been discontinued by a number of local authorities without any untoward results.

The following table shows the comparative prevalence of scarlet fever over a period of years :—

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1	2	3	4	5	6	7	8	9
Year.	Estimated Population.	Total No. of Cases Notified.	Attack Rate per 1,000 Population.	No. of Deaths Regd.	Mortality per 100 Cases Notified.	Mortality per 1,000 Population.	No. of cases treated in Hospital.	Percentage removed to Hospital.
1925	86,810	106	1·22	—	—	—	72	67·9
1926	87,190	157	1·80	—	—	—	119	75·7
1927	88,340	105	1·18	1	·95	·01	79	75·2
1928	90,270	98	1·08	—	—	—	69	70·4
1929	91,440	308	3·36	—	—	—	237	76·9
1930	91,440	320	3·49	1	·31	·01	244	76·2
1931	92,280	138	1·49	—	—	—	108	78·2
1932	92,250	67	0·72	—	—	—	51	76·1
1933	93,090	55	0·59	—	—	—	46	83·6
1934	93,700	183	1·95	—	—	—	136	74·3
1935	93,900	195	2·07	—	—	—	143	73·3
1936	93,690	211	2·25	1	0·47	0·01	154	72·9

There were 48 notifications of diphtheria, giving an attack Diphtheria. rate of 0·51 compared with 1·39 for England and Wales.

In the Registrar-General's returns for 1935, only eight county boroughs had a lower attack rate. The continued absence was all the more remarkable in view of the presence of the "gravis" strain in the neighbouring cities of Hull and Sheffield.

Two deaths occurred, giving a death rate of 0·02, compared with 0·07 for England and Wales. 47 cases, or 98 per cent. were removed to the Corporation Hospital for treatment.

It is highly desirable that where skilled nursing is not available every case of diphtheria should be admitted to hospital, in view of the possible sequelæ. Much larger doses of antitoxin, often intravenously, are given nowadays.



Grimsby was fortunately free from the severe type of diphtheria which visited many of the large towns in this part of the country during the latter part of the year. No immunization against diphtheria has been carried out in Grimsby, and in view of the low incidence of the disease during the last few years there is a reasonably fertile soil for an outbreak.

There is still a tendency among practitioners in the area to await bacteriological confirmation before making a diagnosis on clinical grounds. Diphtheria antitoxin is supplied to practitioners free on demand.

The table appended shows the prevalence of Diphtheria over a period of years:—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

1	2	3	4	5	6	7	8	9
Year.	Estimated Population.	Total No. of Cases Notified.	Attack Rate per 1,000 Population.	No. of Deaths Regd.	Mortality per 100 Cases Notified.	Mortality per 1,000 Population.	No. of Cases treated in Hospital.	Percentage removed to Hospital.
1925	86,810	88	1·01	2	2·27	·02	72	81·8
1926	87,190	78	0·89	—	—	—	67	85·8
1927	88,340	62	0·70	6	9·67	·06	47	75·8
1928	90,270	111	1·22	3	2·70	·03	88	79·2
1929	91,440	98	1·07	7	7·14	·07	73	74·4
1930	91,440	65	0·71	2	3·07	·02	50	76·9
1931	92,280	59	0·63	7	11·86	·07	43	72·8
1932	92,250	127	1·37	6	4·72	·06	109	85·8
1933	93,090	84	0·90	4	4·76	·04	72	85·7
1934	93,700	61	0·65	2	3·27	·02	57	93·4
1935	93,900	55	0·58	3	5·45	·03	53	96·3
1936	93,690	48	0·51	2	4·16	0·02	47	97·9

Diphtheria  
Immunization.

Owing to shortage of staff no facilities were offered to the public other than the free provision of immunizing material to general practitioners in necessitous cases. During 1937 it is hoped that immunization clinics will be held at all the child welfare centres, and in the infant departments of all elementary schools. This process is only carried out with the permission in writing of parent or guardian.

Following one or two mild cases of diphtheria, all cases admitted to the children's block at the Sanatorium are now immunized as a routine, and during the year immunization was carried out in all children under twelve years of age at the Brighowgate Homes when permission from the parent had been obtained.

Two cases of enteric fever were notified, the attack rate being 0·02 compared with 0·06 for England and Wales. One death occurred. Enteric Fever.

The appended table shows the rate of incidence of Typhoid Fever in the town over a series of years :—

INCIDENCE OF ENTERIC FEVER (TYPHOID AND PARATYPHOID) IN  
VARIOUS YEARS.

1 Year.	2 Estimated Population.	3 Total No. of cases Notified.	4 Attack Rate per 1,000 Population.	5 No. of Deaths Regd.	6 Mortality per 100 cases Notified.	7 Mortality per 1,000 Population.	8 No. of Cases treated in Hospital.	9 Percentage removed to Hospital.
1925	86,810	7	·08	1	14·2	·01	6	85·7
1926	87,190	5	·05	1	20·0	·01	2	40·0
1927	88,340	16	·18	1	6·2	·01	10	62·5
1928	90,270	3	·03	1	33·3	·01	1	33·3
1929	91,440	3	·03	2	66·6	·02	1	66·6
1930	91,440	7	·07	2	28·5	·02	6	85·7
1931	92,280	7	·07	3	42·8	·03	6	85·7
1932	92,250	1	·01	1	100·0	·01	1	100·0
1933	93,090	2	·02	1	50·0	·01	2	100·0
1934	93,700	2	·02	—	—	—	1	50·0
1935	93,900	2	·02	1	50·0	·01	1	50·0
1936	93,690	2	0·02	1	50·0	0·01	2	100·0

There were six cases notified of puerperal fever, giving a rate per thousand total births (*i.e.* live and still) of 3·42, compared with 3·27 for England and Wales. Puerperal Fever and Puerperal Pyrexia.

There were also 23 notifications of puerperal pyrexia. Notification of both varieties is not well carried out and many cases only come to light through subsequent reports of midwives or health visitors.

One case was notified, which was removed to the Corporation Hospital for treatment. Acute Poliomyelitis.

Thirty-five cases were notified, 15 of which were treated in the Corporation Hospital. The case rate was 0·37 compared with 0·40 for England and Wales. One death was attributed to this cause. Erysipelas.

The total number of notifications received was 35—32 of acute primary pneumonia and 3 of influenzal pneumonia. Deaths registered from all forms of pneumonia numbered 76. Pneumonia.

Chicken  
Pox.

There were notified 683 cases of chicken-pox. Nine cases were treated in the Corporation Hospital.

Ophthalmia  
Neonatorum.

The notification of this type of disease is still very unsatisfactory. Fifteen cases were reported during the year, and one case was admitted to hospital. The services of a nurse from the District Institution is offered in all cases.

Small Pox.

There were no cases of small pox in Grimsby in 1936.

Vaccination.

The following table shews the Vaccination Officer's Returns for the last ten years :—

YEAR.	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Births .. .. .	1660	1733	1696	1746	1634	1579	1609	1749	1656	1676
Successfully Vaccinated .. .	634	607	482	507	503	413	408	439	443	469
Insusceptible of Vaccination .. .	5	5	4	9	5	12	15	11	8	3
Had Small Pox .. .	—	—	—	—	—	—	—	—	—	—
Declarations of Conscientious objection	874	1023	1118	1122	1025	1038	1072	1196	1113	1018
Died Unvaccinated .. .	81	97	96	94	71	85	77	71	59	86
Removals transferred to other districts	14	19	15	13	15	32	25	27	21	14
Postponed by Medical Certificate .. .	7	7	7	3	7	7	4	9	5	6
Removals to places unknown or which cannot be reached .. .	4	8	5	8	16	11	14	8	7	23
Temporarily unaccounted for .. .	—	2	—	—	—	—	1	—	—	—
Percentage Vaccinated as to births .. .	39·8	37·1	30·1	30·6	32·2	27·8	26·5	26·1	27·7	29·8
Successfully Vaccinated after Dec. of C.O. has been made .. .	4	2	1	9	2	1	—	—	—	1
Successful Vaccinations of cases born in other districts .. .	20	22	8	7	29	13	25	10	14	11

It will be noted that the percentage of vaccinations in relation to births shows a slight increase as compared with the previous year: it is to be hoped that this is merely the prelude to further increases.

It should be appreciated by the parents of infants that vaccination, when not already carried out, is rendered necessary in adolescence should the person go abroad or seek to obtain various types of appointments.

The Vaccination Officer's work continues to be as strenuous as ever, as he has to do as much visiting, if not more, in a case in which the conscientious objection has been raised as in one of successful vaccination. The work has been somewhat diminished

in recent years by the drop in the birth rate, but this has been more than offset by the increased movement in the population in Grimsby during the past few years.

A summary of the Vaccination Officer's work for 1936 is shown below :—

Visits to homes	..	..	..	..	..	..	2343
Interviews at office	..	..	..	..	..	..	249
"O" Notices sent out	..	..	..	..	..	..	674
"K" Notices sent out	..	..	..	..	..	..	44
Number of children listed to Public Vaccinator	..	..	..	..	..	..	511
Notifications of expiration of Postponement Certificate	..	..	..	..	..	..	128
Registrations in duplicate 834	}		Total		..		1487
Registrations in triplicate 653							
Transferred to other districts	..	..	..	..	..	..	43
Death Registrations	..	..	..	..	..	..	118
Birth Registrations indexed to cards	..	..	..	..	..	..	1676
Removals traced	..	..	..	..	..	..	244
Defaulters recovered	..	..	..	..	..	..	62
Forms spoilt and new ones issued	..	..	..	..	..	..	127
Copies of certificates sent to other districts	..	..	..	..	..	..	14
Entries made into Report Book and indexed to Register	..	..	..	..	..	..	674

The work of the Public Vaccinator in 1936 was as follows :—

#### CHILDREN.

Successful in the 1st instance	..	..	..	..	..	..	388
Unsuccessful in the 1st instance, but successful in the 2nd	..	..	..	..	..	..	26
Unsuccessful in the 1st and 2nd instances, but successful in the 3rd	..	..	..	..	..	..	8
Unsuccessful in all three instances	..	..	..	..	..	..	1

Public  
Vaccination.

#### ADULTS.

Successful Primary Vaccinations	..	..	..	..	..	..	4
Successful Re-vaccinations	..	..	..	..	..	..	2
Unsuccessful Re-vaccinations	..	..	..	..	..	..	—

#### NON-NOTIFIABLE INFECTIOUS DISEASES.

Two hundred and forty-five cases were brought to the notice of the Health Department by health visitors, school teachers, etc. Every endeavour was made to educate the public regarding the dangerous character of this disease, and to admit to the Corporation Hospital all cases where there was risk of complications, bad housing, etc. During the year 34 cases were thus admitted. Serum is not yet available except in the larger centres of population.

Measles.

Thirteen deaths occurred during the year, equal to a death-rate from this cause of 0.13 compared with 0.07 for England and Wales.

Three hundred and ten cases were brought to the notice of the Department, and educational leaflets were distributed. Thirteen cases were admitted to the Corporation Hospital, for treatment,

Whooping  
Cough.



There were five deaths during the year, equal to a death-rate from this cause of 0.05 which is the same rate as that for England and Wales.

Grimsby  
Corporation  
Hospital.

I am indebted to the Matron, Miss E. D. Mackenzie, for the following report for the year in respect to the isolation side of this Hospital :—

SCARLET FEVER.—154 cases were admitted from Grimsby, and 45 from outside the borough. There was one Grimsby death (broncho—pneumonia), and one death among those from outside areas. The average stay in hospital was 33.1 days. Complications were :—

Otitis media 4, adenitis 15, mastoiditis 1, peripheral abscess 3, osteomyelitis 1, rheumatic endocarditis 1, erysipelas 1, cellulitis 1, secondary scarlet fever, lobar pneumonia 1; septic arthritis 1, catarrhal jaundice 1, quinsy 1, and late tonsillitis 1.

DIPHTHERIA.—47 cases were admitted from the borough, and 24 from outside areas. The average stay in hospital was 59.4 days. The incidence of complications was as follows :—

Paralysis 3, serum rash 5, adenitis 3, catarrhal jaundice 1, streptococcal toxæmia 1, impetigo 1.

There were two deaths, both Grimsby cases.

ERYSIPELAS.—15 Grimsby cases and 4 from outside areas were admitted. There were two deaths. The average stay in hospital was 24.6 days. All cases were treated with serum, and in the latter half of the year with prontosil.

PUERPERAL CASES.—Puerperal fever, pyrexia and complications such as phlegmasia alba dolens have been placed in this category. There were admitted 17 Grimsby and 8 outside cases, and the average stay in hospital was 27 days. There were four deaths, all from Grimsby.

The causes of death were pulmonary emolism, pneumococcal peritonitis, and lobar pneumonia (2). The hospital is fully equipped to deal with this class of case, and an efficient blood transfusion service is available.

WHOOPING COUGH.—There were 13 cases admitted, all from the borough. There were two deaths. Many of the cases were suffering from pneumonia upon admission. The average stay in hospital was 28.3 days.

OPHTHALMIA NEONATORUM.—Two cases were admitted, one from Grimsby and one from outside. Both recovered after 33 and 53 days respectively in hospital.

MEASLES.—34 cases were admitted from the borough, and 2 from outside the area. There were four deaths of Grimsby cases. The average stay in hospital was 27.5 days.

Complications were :—Broncho-pneumonia 11, bronchiectasis 2, peripheral abscess 2, empyema 1, double otorrhœa 1, conjunctivitis (severe) 1.

RUBELLA.—There were admitted 2 Grimsby and 2 outside cases, and the average stay in hospital was 22 days.

VARICELLA.—These cases are admitted when the home circumstances demand it, and the disease is severe requiring careful nursing. Nine cases were admitted from the borough, and the average stay in hospital was 35·5 days. There were no deaths and no complications.

PRIMARY PNEUMONIA.—7 cases were admitted, including one from outside the borough. Four of the borough cases terminated fatally.

TYPHOID FEVER.—3 cases were admitted, including one from outside the borough, and there was one death—a Grimsby case. The average stay in hospital was 43 days.

Two contacts from the borough were admitted for one day, and each proved negative after further tests.

STREPTOCOCCAL THROAT.—Six cases from the borough were admitted and there was one death. The average stay was 17·2 days.

TONSILLITIS.—There were 5 cases notified as diphtheria which subsequently proved to be tonsillitis. All were treated and recovered, the average stay being 10·6 days.

Other diseases admitted were :—Anthrax, 138 days, a borough case, treated with serum and made a good recovery ; amoebic dysentery, 88 days, an outside case ; tuberculous meningitis (later transferred to T.B. register) 2 cases—one borough and one outside ; gastro-enteritis, 7 days, borough case ; malaria, 44 days, outside case ; pneumococcal meningitis, 8 days (died), borough case ; pneumonia (later found to be tuberculosis) 20 days, borough case.

LABORATORY.—This is in constant use for the routine examination of throat swabs and sputa. All cases of diphtheria and suspected throats have swabs taken on admission, and media are inoculated in the ward. The nurse then places the culture in the laboratory incubator.

During the year, 1,643 diphtheria swabs and 491 specimens of sputa were examined.

All nurses on joining the staff are tested for their susceptibility to diphtheria and scarlet fever, and if necessary immunized,

Cancer.

The death-rate in Grimsby and in England and Wales is shown in the table below :—

## DEATH-RATE PER 1,000 FROM CANCER.

			<i>Grimsby.</i>	<i>England and Wales.</i>
1925	..	..	1·15	1·34
1926	..	..	1·35	1·36
1927	..	..	1·38	1·38
1928	..	..	1·33	1·42
1929	..	..	1·52	1·44
1930	..	..	1·43	1·45
1931	..	..	1·37	1·48
1932	..	..	1·38	1·51
1933	..	..	1·47	1·53
1934	..	..	1·80	1·56
1935	..	..	1·52	1·58
1936	..	..	1·55	1·62

It will be noted that the cancer mortality rate shows a slow upward tendency, although it is difficult to estimate this factor on account of the greater facilities for early diagnosis which are now available; thus the apparent increase in the rate for 1934, 1935, and 1936 may be due to the better diagnostic features as a result of an increase in beds in the Grimsby and District Hospital. Besides the increase in beds there are two other factors which help to explain the increase: (a) there are better facilities for *post-mortem* examinations at the hospital even on patients who were not hospital patients, (b) an histological report may be obtained from the pathological department on cases treated in the out-patient department or by private practitioners.

The facilities for the diagnosis of cancer in this area have been much improved in the last two or three years by the provision of a full pathological service at the Grimsby and District Voluntary Hospital, and this has caused an apparent rise in the death-rate from cancer.

The only facilities for treatment in the area consist of a small amount of radium possessed by one of the medical staff of the above hospital which is freely rendered available to his colleagues for treatment of patients at the hospital.

There is no deep X-ray therapy apparatus in the area. An occasional case has been sent by the Public Assistance Committee for treatment at the National Radium Centre at Sheffield.

At the suggestion of one of the medical officers of the Ministry of Health after the receipt of Circular 1136, an analysis of the deaths from cancer during the last 6 months of the year was made in respect to the treatment utilised. (*See Table on page 99*).

The Local Authority has been much concerned with the lack of appropriate facilities. They were contemplating coming to

an agreement in respect to them with the National Radium Centre at Sheffield and with the Sheffield Corporation for bed accommodation. When it was ascertained that the National Radium Commission were sending representatives to the voluntary hospital in view of an application by the latter for the loan of radium, it was felt that nothing should be done by the Local Authority to hinder the application. When the representatives of the National Radium Commission visited the hospital they tentatively suggested a regional scheme for Lincolnshire, and thereupon the Local Authority here has convened a meeting of representatives of the three County Councils and the two County Boroughs to discuss the whole problem.

If a satisfactory scheme can be evolved either separately on a regional basis for Lincolnshire or based on the National Centre at Sheffield, the Local Authority will be pleased to co-operate in such a scheme. If such scheme does not materialise within a reasonable period it is proposed to again consider the problem of making an agreement with the authorities at Sheffield.

An analysis of the 146 deaths from cancer during 1936, shewing localisation, age and sex distribution is here given :—

				15—		25—		45—		65—		T <sup>1</sup>	
				M	F	M	F	M	F	M	F	M	F
Buccal cavity and pharynx	..	..	..					4		6		10	
Digestive organs and peritoneum	..	1		3	3	20	10	23	20	47	33		
Respiratory organs	..	..	..			1	3		1		4	1	
Uterus	..	..	..			4		15		1		20	
Other female genital organs	..	..	..	1				1		3		5	
Breast	..	..	..			2		6		6		14	
Male genito-urinary organs	..	..	..							3		3	
Skin	..	..	..							4		4	
Other or unspecified organs	..	..	..							3	2	3	2
Totals	..	..	..	1	1	3	10	27	32	40	32	71	75



Investigation of deaths from cancer : analysis of 67 deaths in Grimsby during the last six months of the year :—

	Treated at comparatively early stage.	Treated at later stage.	Untreatable at first consultation.	Refused treatment.	Other causes, e.g. lack of facilities, hospitals or transport.
a { Lip Mouth Breast Cervix uteri Skin	9	4	3	2	—
b { Larynx Rectum Bladder Prostate Intestine Stomach	1	—	28	—	—
c Others.	1	3	16	—	—

Place of treatment :

Hospital (L.A. or voluntary)	..	16
Nursing Home	..	1
At home	..	1
Elsewhere	..	—

Prevention of Blindness.

No action was taken in regard to Section 66 of the Public Health Act, 1925, for the prevention of blindness or the treatment of eye injuries, but the matter is under consideration.

The welfare of the blind has been delegated by the Council to the Grimsby Society for the Blind, who do excellent work.

The work under the Blind Persons Act is delegated to the Society.

Tuberculosis.

No action was taken during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under Section 62 of the Public Health Act, 1925.

I am indebted to the Tuberculosis Officer, Dr. J. M. Vine, for the following report :—

TABLE SHEWING NEW CASES AND MORTALITY DURING 1936 FOR THE COUNTY BOROUGH OF GRIMSBY.

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	—	—	—	—	—
1—5	3	—	6	—	1	—	1	—
5—10	—	2	14	9	—	—	2	2
10—15	1	2	4	12	—	—	1	—
15—20	7	7	3	6	2	—	1	3
20—25	9	4	2	3	2	6	—	—
25—35	13	11	4	2	3	6	1	—
35—45	13	7	6	—	7	3	1	1
45—55	9	8	1	1	9	3	2	—
55—65	7	1	1	—	4	1	—	—
65 and upwards	2	3	—	1	2	—	—	—
Totals .. ..	64	45	41	34	30	19	9	6

TOTAL NEW CASES .. .. 184. TOTAL DEATHS .. 64.

Death Rate per 1,000 of Population	Pulmonary ..	·52
" " "	Non-Pulmonary	·16
" " "	All Forms ..	·68

Included in the deaths were six cases that had not been previously notified as suffering from Tuberculosis. The proportion of non-notified deaths therefore is 9·3 per cent., as compared with 8 per cent. in 1935.

It is the duty of every medical practitioner to notify within forty-eight hours to the local medical officer of health any cases of tuberculosis occurring in his practice, and the medical officer of health is charged with the duty of keeping a register of such cases reported in his sanitary district.

Non-  
Notification.

When a death is shewn on the Registrar's weekly return as having been certified as due to tuberculosis, and the deceased person has not been previously notified as suffering from that disease, a letter is sent to the doctor concerned drawing his attention to the fact and reminding him of his statutory obligations to notify any such case as soon as he has arrived at his diagnosis.

The number of primary notifications received per 1,000 of the population, and the ratio of non-notified deaths for the past years, are shewn below :—

Year.	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths.	
				Pulmonary.	Non-Pulmonary.
1922	109	1.30	45%	—	—
1923	200	2.36	24%	—	—
1924	193	2.25	18%	—	—
1925	186	2.14	18%	—	—
1926	213	2.40	26%	—	—
1927	170	1.92	23%	—	—
1928	195	2.16	22%	—	—
1929	189	2.06	12%	—	—
1930	194	2.12	24%	—	—
1931	206	2.23	25%	—	—
1932	197	2.13	14%	6.6%	7.5%
1933	176	1.89	15%	5.6%	10.1%
1934	221	2.35	11%	7.0%	4.1%
1935	217	2.31	8%	5.4%	2.7%
1936	184	1.96	9%	4.7%	4.7%

It will be noted that the number of non-notified deaths during 1936 was six, being the same as for the previous year, whilst an increase of one per cent. has to be recorded in this rate owing to the number of deaths during the year under review being 64 as compared with 74 in 1935.

Medical Officers of the Department have notified 43 cases of tuberculosis, or 23 per cent. of the total notifications received during the year, being the same percentage as for 1935.

Some of the reasons may be explained as follows :—

- (a) Contact examinations have yielded 5 definite cases and certain cases referred by Medical Officers of the Health Services have been found to be tuberculous.
- (b) The acute cases with no doctor in attendance, or only for a few days prior to death.
- (c) Definite cases of tuberculosis transferring to this area which are required to be re-notified under the Regulations.

- (d) Notification not being made owing to a misunderstanding of the Tuberculosis Regulations, or to the belief that the case is already notified by another practitioner.

From the analysis of the 6 non-notified cases who died during the year it is revealed that 1 died from tuberculous meningitis, which was not diagnosed until practically death occurred; 1 was discovered in *post mortem* examination; 1 was an inward transferable death from the Registrar General concerning a late inmate of a mental institution, thus leaving 3 deaths which are not satisfactorily accounted for.

It will be seen there is again a preponderance of deaths in the first seven columns. A factor of paramount importance in the success of a tuberculosis scheme is the promptness with which notifications are received by the local authority. There is still room for further improvement in this direction. Too many cases are being notified when the disease is well-established and going into the advanced stages. This is proved by the fact that out of 64 deaths recorded during 1936, 36 persons died within one year of being notified apart from 6 un-notified cases who died.

Table T. 1  
(page 121).

But of equal importance with the above is the reluctance of so many patients to seek medical advice for illness which later is found to be tuberculous disease. For this they can scarcely be blamed, since the insidious onset of tuberculosis is one of its chief features. Were tuberculosis to make its first attack by a serious illness, a large haemorrhage, or severe pain, we would have much greater success in combating it, but it is a common experience to find a patient visiting his doctor for the first time when the disease has already become well-established. Again, cases arise where the individual man or woman has reason to suspect tuberculosis, but is frightened to visit the doctor through fear of a sentence which may be pronounced upon him or her and which will break up the home. The man therefore keeps on at his work until actual weakness forces him to bed, when the diagnosis is made, in so many cases, too late.

Co-operation between the Local Authority and medical practitioners continues to be of a very satisfactory nature, and an increasing number of doubtful cases is being sent to the Dispensary for investigation. This investigation frequently means a period of observation spread over several months, during which the whole resources of the Dispensary, including X-ray examination and biological tests are brought into use. When a decision has been arrived at a full report is sent to the doctor concerned. This is much appreciated.

An undeserving amount of weight is given by some practitioners to sputum examinations. It should be understood that whereas a positive sputum (*i.e.*, one containing tubercle bacilli) clinches a diagnosis, a negative sputum is by no means equally conclusive. A practitioner who suspects pulmonary tuberculosis



in a patient should continue to send sputa to the Health Department until either a positive result has been obtained or the diagnosis arrived at by other means, *e.g.*, X-ray.

Tuberculosis  
Dispensary.

In a general way the function of the Tuberculosis Dispensary should be to serve as :—

- (a) Receiving house and centre of diagnosis.
- (b) Clearing house and centre for observation.
- (c) Centre for curative treatment.
- (d) Centre for the examination of contacts.
- (e) Centre of special examinations of ex-soldiers and ex-sailors for the Ministry of Pensions and the Medical Boards of the Ministry of Pensions.
- (f) Centre for "after-care."
- (g) Information bureau and educational centre.

The following table, as required by the Ministry of Health, is a general analysis of the work done by the Tuberculosis Department in the Dispensary, Burgess Street, during the year :—

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.				Grand Total	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts):—														
(a) Definitely tuberculous	49	32	4	2	15	11	17	13	64	43	21	15		
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	18	26	19	18	388	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	47	55	38	24		
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous	—	4	—	—	—	—	1	—	—	4	1	—		
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	4	1	15	17	90	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	8	10	16	14		

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				Grand Total.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
C.—CASES written off the Dispensary Register as														
(a) Recovered	10	8	—	—	3	7	15	19	13	15	15	19	62	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	..	—	—	—	—	—	—	—	134	180	159	117	590	
D.—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous	145	119	12	12	29	35	95	75	174	154	107	87	522	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	26	34	36	38	134	

1. Number of cases on Dispensary Register on January 1st .. .. 917
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years .. .. 15
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" .. .. 38
4. Cases written off during the year as Dead (all causes) .. .. 64
5. Number of attendances at the Dispensary (including Contacts) .. .. 7644
6. Number of Insured Persons under Domiciliary Treatment on the 31st December .. .. Nil
7. Number of consultations with medical practitioners :—
  - (a) Personal .. .. 71
  - (b) Other .. .. 1191

8.	Number of visits by Tuberculosis Officers to homes (including personal consultations)	.. .. .	362
9.	Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	.. .. .	832
10.	Number of :—		
	(a) Specimens of sputum, etc., examined	.. .. .	957
	(b) X-ray examinations made in connection with Dispensary work	.. .. .	1219
11.	Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above	.. .. .	Nil
12.	Number of "T.B. plus" cases on Dispensary Register on December 31st		152
NUMBER OF DISPENSARIES FOR THE TREATMENT OF TUBERCULOSIS (excluding Centres used only for special forms of treatment).			
	Provided by the Council	.. .. .	1
	Provided by Voluntary Bodies	.. .. .	Nil

During the year 1,407 individual persons attended the Tuberculosis Dispensary, making a total of 7,644 attendances, as compared with 9,570 for the previous year. The number of persons attending constitutes a record.

The following table illustrates the progress the Department has made in recent years :—

Year.	Total number of persons who attended.	Number of new Cases.	Total Attendances.
1923	444	205	2,708
1924	468	248	2,834
1925	519	237	3,020
1926	524	251	4,210
1927	637	376	5,499
1928	556	274	5,121
1929	705	315	4,044
1930	775	414	4,620
1931	768	455	7,019
1932	839	483	8,641
1933	773	440	8,723
1934	854	526	8,605
1935	1230	560	9,570
1936	1407	493	7,644

Applications  
for  
Treatment.

During the year under review 184 cases were notified under the Public Health (Tuberculosis) Regulations as suffering from tuberculosis (all forms), whereas the number of persons who applied for treatment to the County Borough amounted to 180, equal to 97·8% of the notifications received. Of the balance of

four persons who did not apply for treatment, or 2.2% of the cases notified, 3 had a fatal termination before they could be seen by the Tuberculosis Officer, and one case refused public medical treatment.

The percentage of persons applying for treatment remains very satisfactory.

(a) *Pulmonary Tuberculosis.*

During 1936 applications were received from 87 new cases suffering from pulmonary tuberculosis, in addition to which must be included four definite cases discovered in the examination of contacts.

Classifica-  
tion of new  
cases.

The following is the classification of these new cases, together with a comparison of the figures for the previous years :—

	1936.	1935.	1934.	1933.	1932.
(1) T.B. Minus (Sputum negative or absent)	46	45	60	24	32
(2) T.B. Plus 1 (Positive early case)	8	14	12	18	11
(3) T.B. Plus 2 (Positive intermediate case)	22	33	24	21	29
(4) T.B. Plus 3 (Positive advanced case)	15	16	20	31	30

It is pleasing to note that the continued decline has been maintained in column four, while columns two and three have also decreased substantially.

(b) *Non-Pulmonary Tuberculosis.*

There were 56 new cases diagnosed as suffering from non-pulmonary tuberculosis, in addition to which must be added one definite case discovered in the examination of contacts.

The following table gives a comparison with previous years :—

Year.	Bones.	Abdomen.	Other Organs.	Peripheral Glands.	Total.
1930	21	11	12	19	63
1931	25	8	18	28	79
1932	8	12	11	23	54
1933	13	6	11	18	48
1934	15	10	2	60	87
1935	8	9	9	39	65
1936	13	10	16	17	56

It must be understood that in a vast majority of cases of non-pulmonary tuberculosis the source of infection is via the milk supply. It clearly shows the advantages of supplying pasteurised milk or milk from tuberculin tested herds to children, or else treating all milk for children by heat after it reaches the consumer. Diagnosis has been materially aided by the routine



use of the Mantoux test, and it frequently happens that three or four children of one family are found to be suffering from this fortunately relatively mild form of tuberculosis. In such cases the position is explained to the parents, and they are advised as to the best means of combating this condition at home. Help is given in the form of extra nourishment, clothing, etc., to necessitous cases, and the patients are seen by the Tuberculosis Officer at the Dispensary every month. Often this is sufficient to check the disease, but those cases who continue to go downhill are taken in the Sanatorium where the simple treatment by regular hours, adequate food and healthy surroundings is almost invariably sufficient to arrest the disease for the time being.

This is, however, not the whole story, and there is a great need for more prolonged treatment of such cases than the limited children's block at Scartho allows. The Grimsby Tuberculosis Scheme lacks that most valuable aid to the proper setting up of these children, an Open-air School. Such an institution would permit tuberculous children to be kept under daily observation, under the special conditions of particular hygiene which is called for in such cases, for a number of years—not months—with an excellent prospect of completely arresting the disease. The results of the establishment of Open-air Schools have been so uniformly satisfactory throughout the country that there can be little doubt that both from an economic, as well as from a humanitarian aspect, the necessary outlay on their foundation and maintenance is well repaid.

The following table shews the number of Mantoux tests carried out during 1936, and the results obtained:—

	Adult Males.	Adult Females.	Male Children.	Female Children.	Total.
Positive reaction	2	1	35	27	65
Negative reaction	1	—	41	37	79
Totals	3	1	76	64	144

Contacts.

Of the total cases who applied for treatment 88·7 per cent. of the new cases were seen before notification by the Tuberculosis Officer as to diagnosis. The figure has again shewn an increase on the previous year (87·5) and is highly satisfactory, as it is considered if 80 per cent. of new cases are referred before diagnosis this is the index figure to work to.

The figure 88·7 per cent. refers only to cases actually seen in the Dispensary, or by home visiting as consultation cases, and does not include a diagnosis made by the Tuberculosis Officer in the Pathological Laboratory before notification. If the quota obtained from these specimens were included the figure would be further increased.

The systematic examination of contacts continues. In the majority of cases the Tuberculosis Officer regards contacts as subjects for prolonged observation, especially where the primary case has an open lung lesion, and sees them at intervals over a period of many months at the Dispensary.

There has been a fall in the number of contacts examined this year. It is considered that at least two contacts should be examined for every positive case, and this figure has not been attained. An inquiry into the reason for this was held and it was evident that the amount of investigation required for this purpose could not be coped with under the present establishment of one Tuberculosis Nurse whose duties at the Dispensary were too heavy to allow her to carry out an adequate amount of home visiting. The part-time services of a second nurse were therefore obtained, and I am confident that a satisfactory number of contacts will be seen in the future, and that this weak point in our defensive armour will be strengthened.

An arrangement has also been made with the Assistant School Medical Officer who receives at intervals a list showing school children who are either contacts or have been under treatment at the Dispensary. The school medical cards are appropriately marked, and the Medical Officer has thus a supply of important information aiding him in his routine inspections. A very close co-operation exists between the School Medical Service and the Tuberculosis Department.

The importance of this branch of the service is shown by the number of contacts found to be tuberculous. There is also good grounds for belief that the physical examination and the advice given by the Tuberculosis Officer act as a warning to those within the sphere of infection and put them on their guard.

The following table shews the number of contacts examined since 1925 :—

	Tuberculous.				Total Examinations.			
	Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.
1925	—	—	1	—	9	24	15	16
1926	—	1	—	—	9	30	8	19
1927	—	—	—	—	4	19	16	20
1928	—	1	1	—	—	20	17	14
1929	1	1	—	—	19	25	35	34
1930	—	3	2	2	33	38	55	65
1931	—	3	1	—	25	80	35	31
1932	1	5	3	1	57	97	15	14
1933	3	5	2	5	22	59	16	25
1934	—	4	24	9	25	36	68	53
1935	1	2	5	9	25	34	58	51
1936	—	4	1	—	12	15	32	31

Home  
Visits.

The number of Home Visits paid by the Tuberculosis Officer was 362, as compared with 440 for the previous year. 71 visits were paid in consultation with the patient's private doctor, the remainder being periodical visits to cases who were unable to attend the Dispensary.

It is gratifying to find that doctors are co-operating with the Tuberculosis Officer to a marked degree, and calling him into consultation in practically all doubtful cases.

Much useful information has been acquired concerning the environmental conditions of cases, together with sanitary defects, which are at once reported.

Dental  
Treatment.

During 1936, 19 patients were seen by the School Dentist at the Dental Clinic, as compared with 17 in the previous year.

Tuberculous  
Ex-  
Servicemen.

Under supervision of the Dispensary staff at the close of the year were six soldiers or sailors whose disease was held by the Ministry of Pensions to be attributable to, or aggravated by, service in the Great War, and a pension granted for disability.

During the year one ex-serviceman received institutional treatment in the Corporation Hospital, as compared with four patients in 1935.

Nurse's  
Visits.

The Tuberculosis Nurse made a total of 832 visits during the year as compared with 1,029 in 1935, to the homes of patients. When it is considered that four mornings a week are taken up with artificial sunlight treatment and the artificial pneumothorax clinic, and that three afternoons a week are filled by Dispensary sessions, it will be realised that this represents long hours and a great deal of hard work.

Bacterio-  
logical  
Laboratory  
Examina-  
tions.

During the course of the year 957 specimens were examined in the Council's laboratories for the presence of tubercle bacilli, this being the largest number examined in one year.

The reports are handed to the doctors concerned within twenty-four hours, and this is very much appreciated by them.

The following table shews the source from which the specimens were obtained :—

Tuberculosis Dispensary.		Specimens from Residential Institutions.				General Practitioners.	
		Corporation Hospital.		Infirmary Institution.			
Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
32	197	168	323	5	19	31	182

The enormous growth in this important section can be seen from the following figures :—

<i>Year.</i>	<i>Positive.</i>	<i>Negative.</i>	<i>Total.</i>
1921	36	102	138
1922	46	174	220
1923	103	193	296
1924	109	211	320
1925	85	247	332
1926	100	246	346
1927	162	318	470
1928	210	378	586
1929	223	396	619
1930	159	419	578
1931	229	490	739
1932	296	567	863
1933	226	640	866
1934	276	633	909
1935	283	658	941
1936	236	721	957

Arrangements have been made with the Grimsby and District Hospital and the Grimsby Corporation Hospital for the culture of tuberculous fluids, using the Lowenstein technique, also for animal inoculation.

This clinic was commenced in 1934, in order to carry on this form of treatment in patients after they had left the sanatorium. The condition of the chest with its collapsed lung can be accurately observed on the Fluorescent screen of the X-ray apparatus, and patients are regularly screened before receiving their refill. Artificial pneumothorax is perhaps the greatest advance in the treatment of pulmonary tuberculosis since the disease was first investigated. It is the first step in the active attack, and in many cases in which it can be employed is sufficient to stem the progress of pulmonary tuberculosis, and to turn it from an incurable into an eminently curable disease.

Artificial  
Pneumo-  
thorax  
Clinic.

During 1936 patients made a total of 325 attendances at this clinic.

There has been a great increase in this branch of the Dispensary work. Modern methods of dealing with chest diseases demand an evergrowing use of the X-ray machine. Not only in establishing and placing a diagnosis on record, but also in accurately arriving at the extent of the disease, is the X-ray indispensable. Few "observation" cases are now discharged without an X-ray of their chest. Every diagnosed case is X-rayed so that the area of lung involved may be known. Every patient who enters the Sanatorium as a chest case has a permanent record of his or her condition in an X-ray film, and in many cases where there is reason to expect a change in the chest condition due to treatment a series of X-rays is taken at intervals,

X-Ray  
Work.



The Dispensary machine can only be used for chest work, and for this its behaviour has been completely satisfactory during the year. For X-raying of joints and bones the services of the Radiographer attached to the Grimsby and District Hospital are used.

In 1934 the Lindsey County Council requested the services of the Tuberculosis Dispensary in regard to the X-raying of certain of their out-patients for diagnostic purposes. An arrangement was made between the Grimsby and Lindsey Councils for this work, and an increasing number of cases is being sent to the Dispensary for this service. In the same way Lindsey ex-patients of the Corporation Sanatorium with artificial pneumothorax are screened and refilled at the Dispensary.

During 1936, 1,219 were X-rayed and reported upon, as compared with 1,202 in the previous year.

The following table shows an analysis of the work done in this Department during the year :—

	Adult Males.	Adult Females.	Boys.	Girls.	Total.
Screening :—					
Pulmonary	317	336	2	2	657
Films :—					
Pulmonary	256	205	46	27	534
Non-Pulmonary	6	4	8	10	28
Totals	579	545	56	39	1219

1930	Total examinations	..	..	..	128
1931	„	„	..	..	153
1932	„	„	..	..	115
1933	„	„	..	..	150
1934	„	„	..	..	382
1935	„	„	..	..	1,202

Housing  
(pages 126  
and 127).

During the year a total of 109 cases of pulmonary tuberculosis and 75 cases of non-pulmonary tuberculosis were notified, and Tables T. 5 and 6 show the housing conditions of these cases as found on visiting by the Tuberculosis Nurse.

Every effort is made to secure that infectious cases occupy a separate room, or at least a separate bed, and in some instances a tuberculosis shelter has been loaned where the premises have a suitable garden, etc.

Co-operation between the Tuberculosis Department and the Housing Department of the Local Authority is on a very satisfactory basis, and during the year several families have moved to improved homes on the Council's estates,

The number of patients treated from the Tuberculosis Department since 1933, together with the attendances made, is as follows :—

		1933.	1934.	1935.	1936.
Attendances	General Light	5,972	4,740	4,172	2,892
	Local Light	715	442	85	119
Patients	General	181	154	100	90
treated	Local	15	12	8	9

Ultra-Violet  
Ray  
Treatment.

During the year under review patients made a total of 2,892 attendances for general light treatment at 101 sessions (average 28·6 per session), and a total of 119 attendances for local light treatment at 101 sessions (average 1 per session). Of these a large number had two or more courses of general light.

The drop in the attendance figures is explained by the fact that the Sunlight Clinic was closed for a period of fourteen weeks, as compared with ten weeks in 1935. Owing to the exceedingly fine summer it was thought advisable that patients should indulge in natural sunlight at the sea front.

The light centre was commenced in 1926, and has been progressing with efficiency since. The details of the apparatus and equipment were given in the report for 1930.

The following tables represents the work done during 1936 :—

	No. of cases on treatment 1/1/1936	No. of cases commencing treatment in 1936.	Treatment concluded in 1936		Treatment ended for other reasons	No. of cases under treatment at end of 1936
			Quiescent	Improved		
Skin (lupus) ..	—	3	—	—	—	3
Adenitis ..	29	16	12	4	7	22
Bones, Joints & Spine	2	—	1	—	—	1
Abdomen ..	2	—	—	—	1	1
Observation Cases	19	28	—	—	31	16
Totals for 1936	52	47	13	4	39	43

Included in column six are cases admitted for institutional treatment, together with cases who were discharged as non-tuberculous after periods of observation.

During the year three cases of lupus received treatment at a private clinic where a Krohmayer lamp is used for intensive local irradiation.

#### GRIMSBY CORPORATION HOSPITAL (TUBERCULOSIS SECTION).

The extended Sanatorium has now been in use for four years.

Although the scheme was intended to provide 108 beds, one large ward is used for male patients as a dayroom, which reduces the number to 98. However, during 1936 four huts of a new

design were constructed by the Cleethorpes Appliance Industries (ex-tuberculosis patients) and placed semi-permanently in front of the male block. These are in full use by convalescent patients. They are fitted with an electric reading lamp and a bell, and are a satisfactory addition to the Sanatorium's accommodation. Again, during the summer months four beds are placed on the verandah on the children's block, so that we can actually house 106 patients for a large part of the year.

The waiting list has persisted, but to a less degree than in 1935, and during the current year it is probable that no great hardship has come from this. The practice of admitting surgical cases for plastering, and in suitable cases returning them to their homes, continues.

A working agreement has been reached with the staff of the Grimsby and District Hospital and the Public Assistance officials by which urgent cases may be admitted to the Grimsby and District Hospital and the Scartho Road Infirmary pending their transfer to the Sanatorium when beds are available. The Tuberculosis Officer visits both Institutions, and the cordial reciprocity thus obtained is of mutual benefit.

The Sanatorium is steadily assuming the role of a chest hospital and active treatment on the most modern lines is carried out. This includes artificial pneumothorax, phrenicectomy, sanocrysin, tuberculin and, in the surgical cases, orthopædic surgery, splinting and heliotherapy, artificial and natural. The Resident Medical Officer (Dr. Marshall) devotes a large part of his time to the tuberculosis section, but when it is considered that a modern Sanatorium of 150 beds usually requires the services of at least two resident medical officers, and that the Sanatorium at Scartho with over 100 beds must carry on with half the time of one Resident Doctor, and the time which the Tuberculosis Officer can spare from his Dispensary duties and his work as Assistant Medical Officer of Health, it will be seen that the hospital is not overstaffed.

The modern treatment of tuberculosis is anything but a routine procedure, and each case presents different features which must be studied with great care if a full appreciation of the patient is to be obtained. The time spent in a residential institution has to serve a patient, not only as a period during which he is stopped going down hill and put on his feet again but also (and this is of equal importance) as a course of education in his conduct of life after he has been discharged. It is impressed on him that the Sanatorium does not cure him during his relatively brief stay there. It simply checks the disease and teaches him how to overcome it himself during the years following his return to ordinary life. His condition is assessed for him by the medical staff, and he is advised as to his capacity for work and the limitations he must place upon himself, if he is to consolidate what he has gained under the discipline of the Sanatorium. Experience shews that the first six months after discharge are the most critical ones, and if a patient can weather them successfully his future prospects are very much improved. But it is just here that many patients are

so heavily handicapped, and their return to their homes in unsatisfactory conditions, with financial worries, and the burden of families frequently undoes much of the work successfully begun in the Sanatorium. The heroic efforts put up by many discharged patients to help themselves under the most distressing conditions are surely worthy of all the assistance their more fortunate brethren can afford them.

During 1936 arrangements were put in hand for the establishment of an Orthopædic Scheme under a Consultant Orthopædic Surgeon resident in Grimsby and on the staff of the Grimsby and District Hospital. The appointment will be made early in 1937, and as a result it is confidently expected that a big step forward will be made in the treatment of surgical tuberculosis. Orthopædics

The following tables give particulars of admissions, discharges, etc., of persons treated in the above Hospital:—

	1932.	1933.	1934.	1935.	1936.
<i>Admissions</i> :—(a) Definite cases	131	127	145	167	146
(b) Observation cases	61	49	54	33	39
<i>Discharges</i> :—(a) Definite cases	107	91	104	144	125
(b) Observation cases	57	50	38	44	29
<i>Deaths</i> :—(a) Definite cases	40	30	30	19	26
(b) Observation cases	5	3	4	1	—

Average number of days treatment of patients discharged :—

	1932.	1933.	1934.	1935.	1936.
(a) Definite cases ..	144	137	198	151	162
(b) Observation cases ..	78	89	124	109	102

Average number of days treatment of patients who died :—

	1932.	1933.	1934.	1935.	1936.
(a) Males (Definite cases)	127	85	65	92	84
(b) Females „ „	99	70	260	168	184
(c) Males (Observation cases)	10	28	6	4	—
(d) Females „ „	57	60	14	—	—

The following cases have been admitted during recent years, from the Lindsey County Council :—

	1932.	1933.	1934.	1935.	1936.
Adult males ..	39	41	23	26	39
Adult females ..	1	1	1	3	—
Children .. ..	1	—	2	1	4

The total number of cases therefore admitted to the Tuberculosis Section during 1936 was 228, as compared with 230 in 1935.

Mr. Ashling, Dental Surgeon, resigned his appointment at the Sanatorium during 1936, and Mr. T. Hall Felton was appointed. The opportunity was taken to institute a comprehensive dental service, including a complete survey of the mouths of every in-patient. After consultation with the Tuberculosis Officer treatment is decided on, extractions, fillings and the provision of dentures. A new dental chair and electric drill has been provided, Dental Treatment.



and Mr. Felton brings his gas-anæsthesia apparatus to the Sanatorium when necessary. The Resident Medical Officer is in attendance during operations.

A small *ad hoc* sub-committee of the Tuberculosis Care Committee functions in connection with the provision of dentures. Advantage is taken of insurance benefit where possible, and the remainder of the cost is assessed between the patient, the Care Committee and the Hospitals Sub-Committee of the Council. The Lindsey County Council patients receive the same services as Grimsby cases, the cost of their dentures being arranged for by their own Authority.

Careful statistics are kept of the Dental Service, and it may be said that it would be difficult to improve on this most important branch of Tuberculosis Treatment.

It should be added that a patient, who without reasonable cause refuses dental treatment, is regarded as refusing tuberculosis treatment and is discharged.

The importance of the eradication of dental sepsis plays a large part in the treatment of all disorders, and especially is this so in the case of tuberculosis.

	Males.	Females.	Children.	Total.
No. of dental extractions ..	141	77	15	233
No. of fillings and scalings ..	10	—	—	10
		<i>General.</i>	<i>Local.</i>	<i>Total.</i>
Dental anæsthetics .. ..		5	—	5

Educational  
Facilities.

The school at the Sanatorium is under the care of Mrs. Tulloch, and continues to be of great benefit to the children, both from a medical as well as from an education and disciplinary point of view.

The following are the internal statistics of this section of the Corporation Hospital for the year under review :—

#### ARTIFICIAL PNEUMOTHORAX.

	Males.	Females.	Children.	Total.
No. of A.P. inductions ..	17	7	—	24
No. of refills .. ..	222	94	—	316

#### GOLD THERAPY.

No. of cases treated .. ..	19	2	—	21
No. of injections given ..	157	16	—	173

#### ARTIFICIAL SUNLIGHT.

No. of cases treated .. ..	6	5	37	48
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#### PLASTER SPLINTS AND CASTS.

No. of splints or casts supplied	8	2	32	42
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#### SEDIMENTATION ESTIMATIONS.

Seven tests were carried out on male patients during the year.

## OPERATIONS.

		Males.	Females.	Children.	Total.
No. of Operations performed under general anæsthesia	..	3	1	2	6

## PATIENT DAYS.

## Grimsby cases.

## Outside cases.

*Patient days. Bed case days. Patient days. Bed case days.*

1933	..	23,795	13,901	5,163	2,911
		(Average daily number cases whole institution			80)
1934	..	29,412	20,031	4,116	2,073
		(Average daily number cases whole institution			.. 92)
1935	..	29,388	19,790	5,825	3,750
		(Average daily number cases whole institution			.. 96)
1936	..	30,320	18,921	6,220	3,823
		(Average daily number cases whole institution			.. 99·8)

Every child on admission to the Sanatorium is now immunised by injection against diphtheria.

During 1936 there were three spine cases from Grimsby in Harlow Wood Orthopædic Hospital. All have made satisfactory progress and their discharge early in 1937 is expected. Another spine case for whom the Local Authority is bearing half cost of treatment and maintenance is in the Royal Sea Bathing Hospital, Margate.

Outside  
Institutions.

An early lung case, a boy, who was sent to the Burrow Hill Sanatorium Colony, Frimley, in 1935 will be discharged in August, 1937. In addition to the tuberculosis treatment he has received there he is being taught a trade. The cost of his maintenance has been shared between the Grimsby Hospitals Sub-Committee and the Tuberculosis Care Sub-Committee, with a substantial grant from the National Association for the Prevention of Tuberculosis, to whom, again, grateful acknowledgement is made.

During the year two patients were sent to Brompton Hospital for operations in connection with artificial pneumothorax. One has since been discharged very much improved.

A great advance in chest surgery has been made in recent years and the outlook for cases suitable for operation has been considerably improved. Advantage is taken of the facilities available at the larger chest hospitals, and the Tuberculosis Officer wishes to record his appreciation of the Hospitals Sub-Committee's action in this regard.

There is one patient suffering from pulmonary tuberculosis in the Bracebridge Mental Hospital, Lincoln.

Admissions to and discharges from outside sanatoria during the year were as follows :—

	Sex.	SANATORIUM.	Under treat- 1. 1. 36.	Ad- mitted 1936.	Dis- charged 1936.	Remain- ing on 1936.
Adult	Males	Harlow Wood Or- thopædic Hospital Mansfield ..	1	1	—	2
		Royal Sea Bath- ing Hospital, Mar- gate ..	1	—	—	1
		Brompton Hos- pital, London ..	—	1	1	—
	Females	Harlow Wood Or- thopædic Hos- pital, Mansfield ..	—	1	—	1
		Brompton Hos- pital, London ..	—	1	—	1
Children	Males	Burrow Hill San- atorium Colony, Frimley ..	1	—	—	1
		Totals ..	3	4	1	6

Tuberculosis  
Care  
Committee.

The Tuberculosis Care Committee was appointed in this County Borough in 1925, and its work has functioned with marked success since.

Up to 1930 the Ministry of Health allowed a grant of £2 per 1,000 of the population per annum, which in the case of Grimsby amounted to £183 per annum, paid by the Local Authority. In September of that year the Town Council agreed to allow the sum of £5 per 1,000 of the population per annum, in accordance with the provisions of the Local Government Act, as set out in the explanatory Circular 1072, which allows authorities to exceed the ratio of their original grant. The revised grant for official allocation through the Town Council now amounts to £450 per annum.

On the 1st January, 1936, the balance in hand of the Special Fund amounted to £127/6/10, whilst the sum of £442/2/5 was raised or contributed during the year, including a grant from the Public Assistance Committee of £50, of which £458/6/9 was spent in addition to the official allocation mentioned above.

The Committee were responsible for raising the sum of £166/5/9 by means of their Annual Dance and Moss Rose Day Street Collection, the remainder being contributed by donations or efforts made on behalf of the Committee, and the very best thanks are tendered to these.

In addition to helping with the provision of extra nourishment, in the form of milk and eggs, dental treatment, clothing and footwear, bedsteads and bedding, omnibus fares to patients receiving occupational therapy, surgical appliances, repairs, etc., are some of the other forms of assistance provided through the Committee's Special Fund. The supply of extra nourishment still remains the largest item of expenditure ; this accounted for nearly £600 from the general and special funds during 1936.

Although the joint scheme of occupational therapy between the Cleethorpes and Grimsby Care Committees was terminated during 1935 certain Grimsby patients are still working at the Centre.

During the year the Grimsby Tuberculosis Care Committee has inaugurated its own scheme of Occupational Therapy, with the valuable help and assistance received from the Hospitals and Tuberculosis Joint Sub-Committee in allowing the use of land and various equipment for poultry farming at the Corporation Hospital, Scartho. The Grimsby Tuberculosis Care Committee handed over the sum of £150 to a separate fund for the running of this poultry farm, and as a beginning the birds are housed under the battery system. The Committee have been fortunate in securing the services for a few months of an expert on this type of farming, who, together with the medical staff, supervises the working of the scheme and the selected patients under institutional treatment in the sanatorium. As this scheme has been in operation for a few months it is too early to submit a lengthy report, it is, however, the opinion of those members of the Committee who undertook the work of organising the poultry farm that already excellent progress has been made, and that when gradual extension has been carried out a much needed addition to the life of patients will have been accomplished.



## COUNTY BOROUGH OF GRIMSBY.

" SPECIAL FUND " OF THE TUBERCULOSIS CARE COMMITTEE.  
STATEMENT OF ACCOUNTS ON 31st DECEMBER, 1936.

INCOME.				£	s.	d.	EXPENDITURE.				£	s.	d.
To	Balance in hand on 1st January, 1936	..	..	127	6	10	By	Milk and Eggs allowed as extra nourishment to tuberculous patients	..	..	135	9	7
"	Grant from Grimsby Public Assistance Committee	..	..	50	0	0	"	Clothing, boots, bedsteads, bedding, etc.	..	..	9	8	4
"	Proceeds of Dance at Gaiety, 6th March	..	..	57	7	10	"	Dental and Ophthalmic treatment to cases	..	..	3	19	6
"	Proceeds of Moss Rose Day Collection	..	..	108	17	11	"	Surgical Boot and splint repairs	..	..	1	2	0
"	Refund from Cleethorpes Tuberculosis Care Committee (Occupational Therapy)	..	..	107	10	0	"	Sanatoria recreation (billiard table repairs)	..	..	0	5	0
"	Special Grant from the National Association for the Prevention of Tuberculosis	..	..	41	5	0	"	Conference expenses	..	..	2	8	6
"	Grant from Hospitals and Tuberculosis Joint Sub-Committee	..	..	50	0	0	"	Cheque books	..	..	0	11	0
"	Discount allowed on clothing, etc.	..	..	0	6	2	"	Miscellaneous	..	..	1	2	6
"	Donations :—						"	Occupational Therapy :—					
"	Independent Order of Oddfellows	..	..	1	1	0	"	Omnibus fares allowed to patients attending Work Centre	..	..	14	7	0
"	Mr. Ward, Grimsby	..	..	0	10	0	"	Maintenance of case in sanatorium colony	..	..	129	18	4
"	Grimsby Off-Licence Association	..	..	2	18	6	"	Orderly duty of patient at Corporation Hospital, Scartho	..	..	9	15	0
"	Sons of Temperance, Hull Grand Division	..	..	7	0	0	"	Grant to Poultry Farm Committee	..	..	150	0	0
"	Ancient Order of Forresters, Grimsby District	..	..	3	3	0							
"	Grimsby Town Association Football Club	..	..	2	10	0							
"	Great Central Steamship and Dock Staff Benevolent Fund	..	..	0	10	6							
"	Grimsby and District Branch of the L.N.E.R. Hospital Fund	..	..	4	0	0							
"	Grimsby and District Locomotive Benevolent Fund	..	..	5	0	0							
"	Anonymous	..	..	0	2	6							
	(Income for 1936—£442 2s. 5d.)												
				£569	9	3	Expended 1st January—31st December, 1936				458	6	9
							Balance in hand on 31st December, 1936				111	2	6
											£569	9	3

Certified correct :—

Public Health Department, 12th January, 1937.

(Sd.) F. R. STEPHENSON, Borough Treasurer.

TABLE T. 1.

ANALYSIS OF THE DEATHS that occurred during 1936, according to the period after notification within which death took place, is shewn in the accompanying table :—

	Not notified prior to death	Case survived :—										Totals
		2 weeks	1 month	2 months	4 months	6 months	1 year	2 years	3 years	4 years	5 years and over	
<i>Pulmonary—</i>												
Adult Males	3	1	3	3	1	3	5	—	3	1	6	29
Adult Females	—	1	2	1	1	—	5	3	3	3	—	19
Male Children	—	1	—	—	—	—	—	—	—	—	—	1
Female Children	—	—	—	—	—	—	—	—	—	—	—	—
<i>Non-Pulmonary—</i>												
Adult Males	2	2	—	—	—	—	—	—	—	—	1	5
Adult Females	1	2	—	—	—	—	1	—	—	—	—	4
Male Children	—	2	—	—	1	—	—	—	1	—	—	4
Female Children	—	1	—	—	—	—	—	—	1	—	—	2
Totals ..	6	10	5	4	3	3	11	3	8	4	7	64

TOTAL CASES NOTIFIED IN EACH WARD OF THE BOROUGH DURING 1936. TABLE T. 2.

	Alexandra	Central	Clee	Coates	Hainton	Humber	North-East	South	South-West	Scartho	Victoria	Wedsby	Wellow	Wellington	Totals
<i>Pulmonary Tuberculosis.</i>															
Males .. ..	3	4	7	1	2	8	4	6	5	3	5	5	3	8	64
Females .. ..	—	1	3	3	2	6	1	7	5	3	3	3	2	6	45
<i>Non-Pulmonary Tuberculosis</i>															
Males .. ..	3	2	7	1	1	4	2	8	3	—	3	3	1	3	41
Females .. ..	1	1	3	3	5	5	—	5	—	—	—	2	2	7	34
	7	8	20	8	10	23	7	26	13	6	11	13	8	24	184

TABLE SHEWING THE NUMBER OF CASES, IN WARDS, REMAINING ON THE TUBERCULOSIS NOTIFICATION REGISTER ON THE 31ST DECEMBER, 1936.

	Alex.	Central	Clee	Coates	Hainton	Humber	North-East	South	South-West	Scartho	Victoria	Wedsby	Wellow	Wellington	Total
Pulmonary Tuberculosis ..	15	23	30	11	19	33	25	49	21	7	15	18	11	38	315
Non-Pulmonary Tuberculosis	19	13	26	8	21	25	8	35	17	5	20	14	9	20	240

## PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

PART I.—SUMMARY OF NOTIFICATIONS during the period from the 1st January, 1936, to the 31st December, 1936, in the area of the County Borough of Grimsby.

Formal Notifications.														
AGE PERIODS		Number of Primary Notifications of new cases of tuberculosis											Total Notifica- tions.	
		0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards		Total (all ages)
Pulmonary Males	..	—	3	—	1	7	9	13	13	9	7	2	64	66
“ Females	..	—	—	2	2	7	4	11	7	8	1	3	45	46
Non-pulmonary Males	..	—	6	14	4	3	2	4	6	1	1	—	41	43
“ Females		—	—	9	12	6	3	2	—	1	—	1	34	35

## SUPPLEMENTAL RETURN.

PART II.—New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

AGE PERIODS		0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
		0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males ...	—	—	—	—	—	—	—	—	—	—	1	2	3
“ Females ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-pulmonary Males ...	—	—	—	—	—	—	—	1	—	1	—	—	2
“ “ Females	—	—	—	—	—	1	—	—	—	—	—	—	1



TABLE T. 3—*continued*.

The source or sources from which information as to the cases (mentioned on the preceding page) was obtained is as follows :—

Source of Information.	No. of Cases	
	Pulmonary	Non-pulmonary
Death Returns { from local Registrars	..	..
transferable deaths from Registrar General	..	..
Posthumous notifications ..	1	3
"Transfers" from other areas (other than transferable deaths)	1	—
Other Sources if any (specify) ..	—	—
	—	—

## PART III.—NOTIFICATION REGISTER.

Number of cases of Tuberculosis remaining at the 31st December, 1936, on the Registers of Notifications kept by the Medical Officer of Health of the County Borough .. .. .	PULMONARY.			NON-PULMONARY.			Total Cases.
	Males	Females	Total	Males	Females	Total	
Number of cases removed from the Register during the year by reason <i>inter alia</i> of—	172	143	315	130	110	240	555
1. Withdrawal of notification .. .. .	15	8	23	6	5	11	34
2. Recovery from the disease .. .. .	10	8	18	18	25	43	61
3. Death .. .. .	31	23	54	9	6	15	69
4. Outward Transfer .. .. .	6	6	12	6	4	10	22

TABLE SHOWING THE ANNUAL DEATH RATE FROM TUBERCULAR DISEASES IN GRIMSBY AS COMPARED WITH ENGLAND AND WALES AS A WHOLE SINCE 1912.

Year.	Tuberculosis (Pulmonary).			Tuberculosis (all forms).		
	GRIMSBY.		England and Wales.	GRIMSBY.	England and Wales.	Rate per thousand of population.
	No. of deaths.	Rate per thousand of population.	Rate per thousand of population.			
1912	55	·72	1·02	80	1·05	1·37
1913	59	·73	·99	92	1·18	1·35
1914	68	·86	1·02	96	1·22	1·36
1915	75	1·03	1·14	113	1·56	1·51
1916	87	1·19	1·15	130	1·78	1·52
1917	77	1·05	1·21	105	1·43	1·60
1918	88	1·20	1·30	115	1·57	1·67
1919	74	·93	1·00	92	1·16	1·28
1920	86	1·04	·87	122	1·48	1·13
1921	87	1·05	·88	121	1·46	1·13
1922	89	1·06	·89	117	1·39	1·12
1923	82	·96	·84	102	1·24	1·06
1924	83	·97	·84	99	1·16	1·06
1925	77	·91	·83	98	1·21	1·04
1926	92	1·04	·77	127	1·43	0·96
1927	86	·97	·74	105	1·19	0·95
1928	72	·79	·75	102	1·12	0·92
1929	96	1·05	·79	115	1·25	0·95
1930	85	·93	·73	109	1·19	0·89
1931	85	·92	·74	108	1·16	0·89
1932	81	·87	·68	106	1·14	0·84
1933	71	·76	·69	89	·95	0·83
1934	58	·62	·63	72	·77	0·76
1935	61	·65	·60	74	·78	0·71
* 1936	49	·52	·58	64	·68	0·68

\* R.G. Population 93,690

HOUSING CONDITIONS OF PULMONARY CASES NOTIFIED DURING 1936.

TABLE T. 5.

WARD.	Total number of cases notified during 1936	Pulmonary Cases considered Infectious				Pulmonary Cases not considered Infectious				Cases which could not be classified		No. discharged Non-Tuberculous	Premises definitely overcrowded	Premises slightly overcrowded	Premises old, badly lighted or insufficiently ventilated	No. who received Institutional Treatment.	No. houses per acre	Ward Population per acre
		No. of cases with room to self	No. with bed but not room to self	No. with neither bed nor room to self	No. where there has been previous case in house or family	No. of cases with room to self	No. with bed but not room to self	No. with neither bed nor room to self	No. where there has been previous case in house or family									
Alexandra	3	2	—	—	—	—	—	1	—	—	—	—	—	—	—	2	5.3	25
Central ..	5	1	—	2	—	1	—	—	1	—	—	1	—	—	—	3	17.3	75
Clee ..	10	4	—	1	2	3	—	1	2	—	—	1	1	—	—	6	8.2	30
Coates ..	4	—	2	1	2	1	—	—	—	—	—	—	—	—	—	3	2.4	12
Hainton ..	4	1	1	—	—	1	—	1	1	—	—	—	—	1	—	4	12.1	50
Humber ..	14	2	—	4	1	3	1	2	1	—	—	2	—	1	1	11	15.2	76
North-East	5	2	1	1	—	—	1	—	1	—	—	—	—	1	1	4	5.0	24
Scartho ..	6	1	1	—	—	3	—	—	—	—	—	1	—	—	—	2	.8	2
South ..	13	4	—	—	1	7	2	—	4	—	—	—	—	—	—	11	2.5	5
South-West	10	4	—	1	1	3	1	—	—	—	—	1	—	—	—	7	22.4	76
Victoria ..	8	4	—	1	3	1	—	1	2	—	—	1	—	—	2	6	11.1	49
Weelsby ..	8	3	1	1	—	2	—	—	—	—	—	1	—	—	—	4	3.1	11
Wellow ..	5	3	1	—	1	1	—	—	—	—	—	—	—	—	—	5	5.9	23
Wellington	14	6	1	3	3	1	1	—	1	—	1	1	1	—	1	10	21.5	102
Totals ..	109	37	8	15	14	27	6	6	13	—	1	9	2	3	5	78	—	—

HOUSING CONDITIONS OF NON-PULMONARY CASES NOTIFIED DURING 1936. TABLE T. 6.

WARD.	No. Cases Notified during 1936.	NON-PULMONARY CASES.					Cases which could not be Classified.	No. Discharged Non-Tuberculous.	Premises Definitely Overcrowded.	Premises Slightly Overcrowded.	Premises old, badly lighted or insufficiently ventilated.	No. who received Institutional Treatment.
		No. cases with room to self.	No. with bed, but not room to self.	No. with neither bed nor room to self.	No. where there has been previous case in house or family.							
Alexandra ..	4	—	2	2	2	—	—	—	—	—	—	3
Central ..	3	—	1	2	—	—	—	—	—	—	—	2
Clee ..	10	3	5	2	2	—	—	—	—	—	—	9
Coates ..	4	2	1	1	1	—	—	—	—	—	—	3
Hainton ..	6	2	2	2	3	—	—	—	—	—	—	4
Humber ..	9	4	1	4	1	—	—	—	2	—	—	9
North-East ..	2	—	—	2	—	—	—	—	—	—	1	—
Scartho ..	—	—	—	—	—	—	—	—	—	—	—	—
South ..	13	6	2	5	3	—	—	—	1	—	—	8
South-West ..	3	1	—	1	1	—	—	1	—	2	—	2
Victoria ..	3	2	—	1	—	—	—	—	—	—	—	2
Weelsby ..	5	1	2	2	1	—	—	—	—	—	—	3
Wellow ....	3	1	2	—	2	—	—	—	—	—	—	1
Wellington ..	10	1	2	5	4	—	—	2	—	—	—	5
Totals ..	75	23	20	29	20	—	—	3	1	4	1	51







TABLE SHOWING NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS ON THE 31ST DECEMBER, IN INSTITUTIONS BELONGING TO THE COUNCIL.

NAME OF INSTITUTION.	FOR PULMONARY CASES.		FOR NON-PULMONARY CASES.		TOTAL.
	Adults.	Children under 15.	Adults.	Children under 15.	
Grimsby Corporation Hospital, Scartho . . . . .	62	13	10	13	98
(Since July, 1936, four additional single-bed huts have been erected out of revenue. These are used for adult male patients).					

TABLE T. 10.

TABLE SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR IN INSTITUTIONS (OTHER THAN POOR LAW INSTITUTIONS) APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

		In Institu- tions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institu- tions. (4)	In Institu- tions on Dec. 31st. (5)
Number of doubt- fully tuberculous cases admitted for observation	Adult males	—	7	2	—	5
	Adult females	—	6	6	—	—
	Children	3	26	21	—	8
	Total	3	39	29	—	13
Number of patients suffering from pul- monary tuberculosis	Adult males	23	55	38	14	26
	Adult females	20	40	35	7	18
	Children	4	4	5	—	3
	Total	47	99	78	21	47
Number of patients suffering from non- pulmonary tuber- culosis	Adult males	6	10	7	1	8
	Adult females	2	7	8	—	1
	Children	16	34	33	4	13
	Total	24	51	48	5	22
GRAND TOTAL . . . . .		74	189	155	26	82

TABLE T. 11.

TABLE SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Diagnosis on discharge from observation.			FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
			Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	..		—	—	—	1	—	1	—	1	—	1	1	2	2	2	3
Non-tuberculous	..		—		2	—	2	9	—	—	1	—	—	3	—	4	13
Doubtful	..	..	—	—	—	—	—	2	—	—	—	—	—	3	—	—	5
TOTALS	..	..	—		2	—	1	2	12	—	1	1	1	1	1	8	21



TABLE T. 12.

TABLE SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

PULMONARY TUBERCULOSIS.	Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Grand
			*Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Totals.
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M. F. C.
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent .. ..	2	2	—	3	7	—	4	—	2	—	—	—	9 9 2
	Class T.B. plus. Group 1.	Not quiescent ..	1	1	1	1	1	1	—	—	—	—	—	—	2 2 2
	Class T.B. plus. Group 2.	Died in Institution	4	—	—	1	—	—	—	—	—	—	1	—	5 1 —
	Class T.B. plus. Group 3.	Quiescent .. ..	1	—	—	—	1	—	2	3	—	—	—	—	3 4 —
	Class T.B. plus. Group 3.	Not quiescent ..	1	1	—	—	1	1	1	2	—	—	—	—	2 4 1
	Class T.B. plus. Group 3.	Died in Institution	1	—	—	—	—	—	1	—	—	—	—	—	2 — —
	Class T.B. plus. Group 3.	Quiescent .. ..	—	—	—	7	2	—	2	2	—	1	—	—	10 4 —
	Class T.B. plus. Group 3.	Not quiescent ..	2	2	—	4	6	—	1	—	—	1	—	—	7 9 —
	Class T.B. plus. Group 3.	Died in Institution	4	1	—	—	—	—	—	2	—	1	—	—	5 3 —
	Class T.B. plus. Group 3.	Quiescent .. ..	—	—	—	—	—	—	—	—	—	—	—	—	— — —
	Class T.B. plus. Group 3.	Not quiescent ..	—	—	—	—	—	—	—	—	—	1	—	—	1 — —
	Class T.B. plus. Group 3.	Died in Institution	1	2	—	1	—	—	—	1	—	—	—	—	2 3 —
Totals (pulmonary) ..			17	9	1	17	18	2	11	10	2	3	2	—	48 39 5 94
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent .. ..	1	—	2	1	—	1	—	—	2	1	—	2	3 — 7
	Bones and Joints.	Not quiescent ..	—	1	—	1	—	—	—	—	—	—	1	—	1 2 —
	Bones and Joints.	Died in Institution	—	—	1	—	—	—	—	—	1	—	—	—	— — 2
	Abdominal	Quiescent .. ..	—	—	2	1	2	2	—	—	—	—	—	1	1 2 5
	Abdominal	Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	— — —
	Abdominal	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	— — —
	Other Organs	Quiescent .. ..	1	2	—	1	—	—	—	—	—	—	—	—	2 2 —
	Other Organs	Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	— — —
	Other Organs	Died in Institution	1	—	2	—	—	—	—	—	—	—	—	—	1 — 2
	Peripheral Glands.	Quiescent .. ..	—	1	4	—	—	4	—	—	3	—	—	1	— 1 12
	Peripheral Glands.	Not quiescent ..	—	—	—	—	—	2	—	1	—	—	—	—	— 1 2
	Peripheral Glands.	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	— — —
Totals (non-pulmonary) ..			3	4	11	4	2	9	—	1	6	1	1	4	8 8 30 46

\*NOTE: Patients whose stay in residential institutions has not exceeded 28 days are no longer included in this table.

TABLE T. 13.

## SCARTHO ROAD INFIRMARY.

TABLE SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED DURING THE  
YEAR IN POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE COUNCIL.

		In Institu- tions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st.
Number of patients suffering from pul- monary tuberculosis	Adult males	—	6	3	3	—
	Adult females	1	2	3	—	—
	Children	—	1	1	—	—
	Total	1	9	7	3	—
Number of patients suffering from non- pulmonary tubercu- culosis	Adult males	—	1	—	1	—
	Adult females	—	—	—	—	—
	Children	—	—	—	—	—
	Total	—	1	—	1	—
GRAND TOTAL .. ..		1	10	7	4	—

Graph showing the Annual Death Rate from all forms of Tuberculosis in the County Borough of Grimsby during the years 1926—1936 inclusive, as compared with England and Wales.

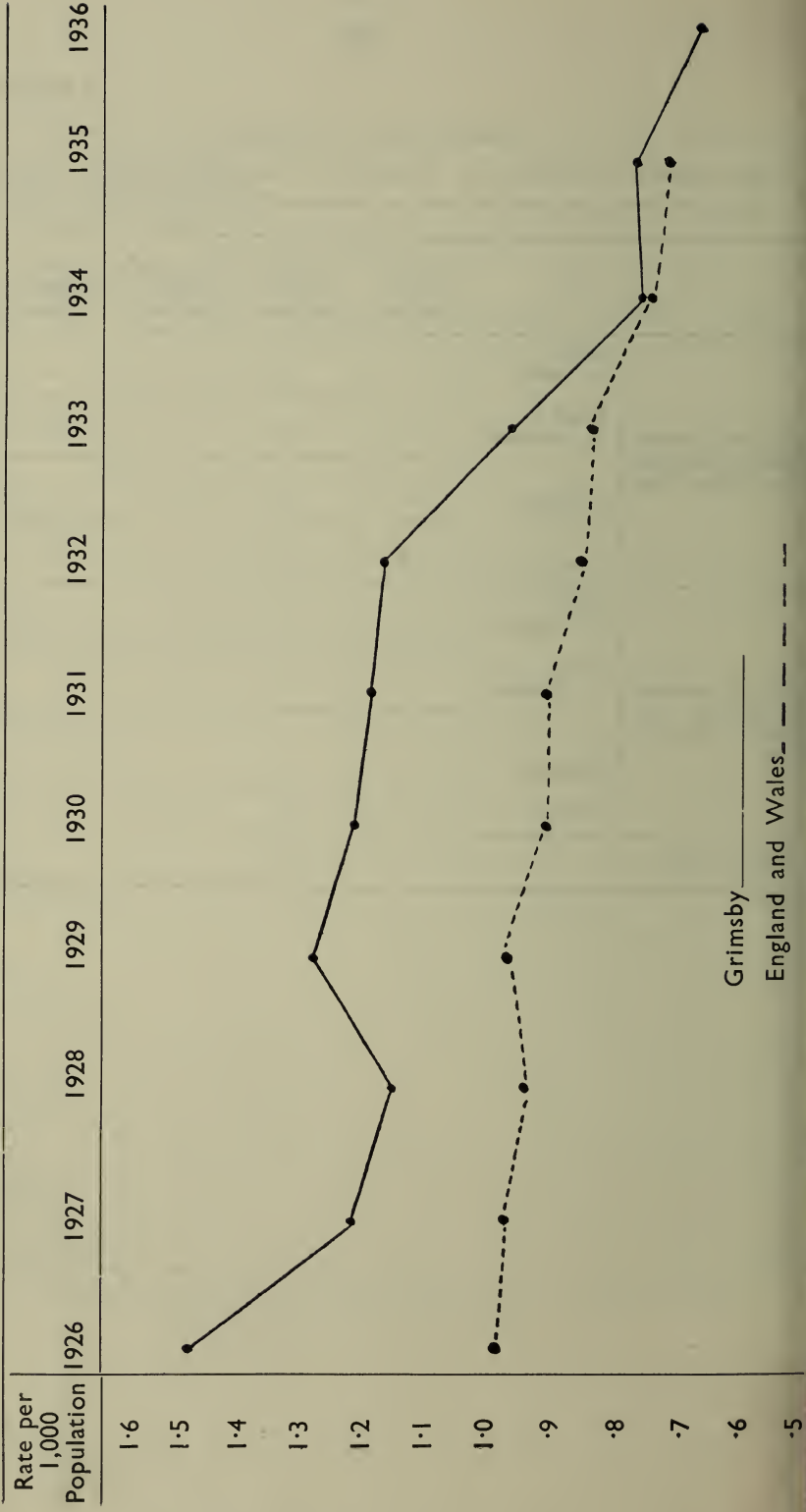




TABLE T. 14.

(A) PULMONARY TUBERCULOSIS:

Table shewing in summary form (a) the condition at the end of 1936, of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

[illegible]



TABLE T. 15.

(B) NON-PULMONARY TUBERCULOSIS.

Table showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

[illegible]

The effective service and facilities offered in previous years by the Venereal Diseases Department and Laboratory were continued throughout the year under review and the previous happy co-operation between the department, the medical practitioners, the local hospitals and other branches of the Public Health Department has led to rapid diagnosis and a high standard of treatment and cure for patients referred. The total number of new cases has been almost stationary for several years now, and the only item of interest is the slight increase in early syphilis and a slight decrease in gonorrhœa. The comparative figures for 1935 and 1936 are :—

Venereal  
Diseases.

	1935.	1936.
Early Syphilis .. .. .	22	29
Late Syphilis .. .. .	54	49
Congenital Syphilis .. .. .	11	8
Gonorrhœa .. .. .	149	127
Attendances .. .. .	13408	12803
Defaulting patients .. .. .	84	100

Such a high defaulter rate in a comparatively small community is a constant source of worry and, while every endeavour is made to persuade patients of the necessity for continuing their treatment, defaulters will remain a serious and grave danger to themselves and to the community as long as the Local Authority has no power to compel their attendance. The defaulter rate is essentially higher through the great loss sustained by Dr. Plant's death for, by this, great personal contact was lost by a large number of patients who are essentially sensitive to the position they find themselves in.

Two doctors availed themselves of the course of teaching at the department to obtain the necessary certificate under the Venereal Diseases Regulations. The clinic and laboratory staff have again contributed to the efficient working and success of the department and their efforts to sustain the high standard previously obtained during the critical latter months of the year deserves the highest praise.

#### VENEREAL DISEASES LABORATORY.

The following tests were carried out :—

<i>Wassermann Tests on blood</i> .. .. .	2399
<i>Cerebro Spinal Fluid</i>	
Wassermann tests .. .. .	50
Cell counts .. .. .	7
Globulin .. .. .	11
Colloidal Gold .. .. .	24
<i>Gonococcal Complement Fixation Tests</i> .. .. .	442
<i>Smears for gonococci</i> .. .. .	1192
<i>Cultures for gonococci</i> .. .. .	502
<i>Dark ground examinations for spirochaetes</i> .. .. .	27
Total .. .. .	4654

## WASSERMANN TESTS DURING THE YEAR 1936.

<i>On blood.</i>				<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Lincoln.</i>	<i>Total.</i>
Clinics	..	..	..	541	332	133	1006
Hospitals and other Institutions				379	127	395	901
Practitioners	..	..	..	220	174	98	492
Total	..	..		1140	633	626	2399

## TESTS ON CEREBRO SPINAL FLUIDS.

*Wassermann.*

Clinics	..	..	..	11	2	—	13
Hospitals and other Institutions				20	7	6	33
Practitioners	..	..	..	1	3	—	4
Total	..	..		32	12	6	50

*Cell Counts.*

Clinics	..	..	..	5	—	—	5
Hospitals and other Institutions				2	—	—	2
Practitioners	..	..	..	—	—	—	—
Total	..	..		7	—	—	7

*Globulin.*

Clinics	..	..	..	8	1	—	9
Hospitals and other Institutions				2	—	—	2
Practitioners	..	..	..	—	—	—	—
Total	..	..		10	1	—	11

*Colloidal Gold.*

Clinics	..	..	..	8	1	—	9
Hospitals and other Institutions				9	2	3	14
Practitioners	..	..	..	1	—	—	1
Total	..	..		18	3	3	24

## GONOCOCCAL COMPLEMENT FIXATION TEST OF BLOOD.

Clinics	..	..	..	148	121	94	363
Hospitals and other Institutions				5	4	45	54
Practitioners	..	..	..	18	6	1	25
Total	..	..		171	131	140	442



## SMEARS FOR GONOCOCCI.

	<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Lincoln.</i>	<i>Total.</i>
Clinics .. .. .	401	633	11	1045
Hospitals and other Institutions	18	5	3	26
Practitioners .. .. .	79	41	1	121
	<hr/>	<hr/>	<hr/>	<hr/>
Total .. .. .	498	679	15	1192
	<hr/>	<hr/>	<hr/>	<hr/>

## CULTURES FOR GONOCOCCI.

Clinics .. .. .	317	139	—	456
Hospitals and other Institutions	11	—	—	11
Practitioners .. .. .	35	—	—	35
	<hr/>	<hr/>	<hr/>	<hr/>
Total .. .. .	363	139	—	502
	<hr/>	<hr/>	<hr/>	<hr/>

## EXAMINATION FOR SPIROCHAETES.

Clinics .. .. .	19	2	5	26
Hospitals and other Institutions	—	—	—	—
Practitioners .. .. .	—	1	—	1
	<hr/>	<hr/>	<hr/>	<hr/>
Total .. .. .	19	3	5	27
	<hr/>	<hr/>	<hr/>	<hr/>

Total for year—4,654.





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**SECTION G.**

**PORT SANITARY SERVICE.**

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## SECTION G.—PORT SANITARY SERVICE.

The general description of the Port is similar to that contained in the Annual Report for 1933, but a scheme for re-conditioning and extending a portion of the fish market is being put in hand by the London and North Eastern Railway Company early in 1937.

1.—AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.  
TABLE A.

Description of Vessels.	Number.	Tonnage.	Number Inspected.		Number reported to be defective.	Number of Vessels on which Defects were remedied.	Number of vessels reported as having, or having had, during the voyage, infectious disease on board
			By the Medical Officer of Health.	By the Sanitary Inspector.			
Foreign—							
Steamers ..	*1312	470,351	—	526	92	34	5
Motor ..	10	2,553	1	13	—	—	—
Sailing ..	—	—	—	—	—	—	—
Fishing ..	2230	133,484	—	628	80	73	—
Total Foreign ..	3552	606,388	1	1167	172	107	5
Coastwise—							
Steamers ..	*58	9,970	—	91	8	3	—
Motor ..	170	16,343	—	32	—	—	—
Sailing ..	5	387	—	—	—	—	—
Fishing ..	No record kept	No record kept	—	1068	130	110	—
Total Coastwise ..	233	26,700	—	1191	138	113	—
Total Foreign and Coastwise ..	3785	633,088	1	2358	310	220	5

\* As per Customs returns. Excludes Vessels under 100 Tons Register.  
See Table J. for Notices served, etc.

## ROUTINE INSPECTION OF VESSELS ARRIVING AT THE PORT.

FOREIGN :—	British Steam Ships ..	..	..	..	..	222
	„ Sailing „ ..	..	..	..	..	Nil
	„ Motor Vessels ..	..	..	..	..	3
	Foreign Steam Ships ..	..	..	..	..	304
	„ Sailing „ ..	..	..	..	..	Nil
	„ Motor Vessels ..	..	..	..	..	10
	Steam Fishing „ ..	..	..	..	..	628
	Total ..	..	..	..	..	1167

COASTWISE. :—British Steam Ships	..	..	..	..	76
„ Sailing „	..	..	..	..	Nil
„ Motor Vessels	..	..	..	..	22
Foreign Steam Ships	..	..	..	..	15
„ Sailing „	..	..	..	..	Nil
„ Motor Vessels	..	..	..	..	10
Steam Fishing „	..	..	..	..	1068
Total					1191
Foreign	..	..	..	..	1167
Coastwise	..	..	..	..	1191
Total					2358
Extra inspections	..	..	..	..	288

The Nationalities of the Vessels were as follows :—

British	..	..	..	..	..	1929
Danish	..	..	..	..	..	159
Swedish	..	..	..	..	..	65
German	..	..	..	..	..	14
Norwegian	..	..	..	..	..	38
Icelandic	..	..	..	..	..	36
French	..	..	..	..	..	50
Dutch	..	..	..	..	..	27
Finnish	..	..	..	..	..	17
Estonian	..	..	..	..	..	2
Latvian	..	..	..	..	..	9
Belgian	..	..	..	..	..	1
Russian	..	..	..	..	..	9
Greek	..	..	..	..	..	2
Total					..	2358

## II.—CHARACTER OF TRADE OF PORT.

TABLE B.

(a) Passenger Traffic during the year.

Number of Passengers.	British	ALIENS			Transmigrants
		1st Class	2nd Class	3rd Class	
Inwards ..	2510	1248	Nil	426	30
Outwards ..	2712	No	Class shown	1464	167



**MEDICAL INSPECTION OF ALIENS.**  
*Annual return by the medical inspector for the year ended 31st December, 1936*

	Total	Number inspected by the medical inspector	Number subjected to detailed examination by the medical inspector	Certificates Issued				Transmigrants.		
				Lunatic idiot or M.D	Undesirable for medical reasons	Physically incapacitated	Suffering from acute infectious disease	Landing necessary for adequate medical examination	Vermineous	Trachoma favus, etc.
1. (a) Total number of Aliens (excluding Alien Seamen) landing at the Port	1674	1286	120	(a)	(b)	(c)	(d)	(e)		
(b) Aliens refused permission to land by Immigration Officer	1	..	..	..	..	..	..	..	..	..
(c) Transmigrants	30	21	..	..	..	..	..	..	..	..
Total Aliens arriving at the Port	1705	1307	120	..	..	..	..	..	..	..

3. (a) Total number of vessels carrying Alien passengers .. .. 256  
 (b) Number of such vessels dealt with by the Medical Inspector 122

TABLE A.

Analysis of Aliens landing (see 1 (a)).		Total
Residents Returning	..	41
In Transit	..	60
Visitors	..	1173
Business	..	..
Diplomatic	..	94
Seamen	..	3
Contract Seamen	..	31
Ministry of Labour Permit (M.L.) :—	..	147
(a) Males	..	39
(b) Females	..	49
(c) Children	..	10
Aliens coming to settle not holding M.L. Permits :—	..	17
(a) Males	..	6
(b) Females	..	6
(c) Children	..	4
Total	..	1674

TABLE B.

Classification of Aliens referred to the Medical Inspector by the Immigration Officer for detailed examination—		Examined	No. of Certificates issued.
(i) holding Ministry of Labour permits	..	26	..
(ii) intending to take up employment and remain in the country over 3 months	..	1	..
(iii) intending to make their home in this country	..	1	..
(iv) students coming for educational purposes	..	48	..
(v) in regard to whom there is any mention of health as a reason for their visit who appear to the I.O. (a) not to be in robust health; (b) to be mentally or physically abnormal or sub-normal; (c) to be dirty in their person or (d) are selected for special reasons	..	..	..
(vii) seamen travelling as passengers	..	10	..
Total	..	3	..
Total	..	89	..

## (b) Cargo Traffic.

*Principal Imports :—*

Timber, wood-pulp, fish, foodstuffs and general.

The figures for 1936, compared with the previous year, are as follows :—

			1936.	1935.	<i>Increase or Decrease.</i>
Timber .. ..	..	..	205,354	200,885	+4,469
Wood pulp .. ..	..	..	118,730	117,278	+1,452
Bacon .. ..	..	..	46,128	49,457	—3,329
Butter .. ..	..	..	43,386	44,152	—766
Eggs .. ..	..	..	6,281	4,314	+1,967
Sundries .. ..	..	..	62,457	61,496	+961
			<hr/> 482,336	<hr/> 477,582	<hr/> +4,754

Grimsby, by reason of its excellent series of seasoning yards and sheds, has attained a reputation for supplying the finest joinery redwood obtainable, and as local merchants are well stocked they are in a position to deal with all classes of business.

During the year the total quantity of edible fish (Including foreign) was 3,809,051 cwts., and the value of the same was £3,966,053.

*Principal Exports :—*

Coal and coke, fish, fish-meal and general.

The figures for 1936, compared with the previous year, are as follows :—

			1936.	1935.	<i>Increase or Decrease.</i>
Steel .. ..	..	..	19,206	15,206	+4,000
Yarn .. ..	..	..	5,342	5,207	+135
Malt .. ..	..	..	2,808	2,085	+723
Salt Fish .. ..	..	..	3,936	2,775	+1,161
Pig Iron .. ..	..	..	3,087	2,513	+574
Coal and Coke ..	..	..	1,093,419	1,121,732	—28,313
Sundries .. ..	..	..	22,472	25,526	—3,054

(c) *Foreign Ports from which vessels arrive.*

Russia.—Archangel, Igarka, Kovda, Leningrad, Marmansk, Onega.

Norway.—Drammen, Fredrikstad, Larvik, Oslo, Trondhjem.

Sweden.—Gothenburg, Gefle, Hernosand, Soderhamp, Stockholm, Sundsvall.

Finland.—Helsingfors, Hango, Kotka, Raumo, Trangund, Viborg.

Germany.—Hamburg, Königsberg, Bremen, Stettin.

Holland.—Amsterdam, Groningen, Rotterdam.

Belgium.—Antwerp, Ghent.

France.—Le Harve, Brest, Calais, Bordeaux, Bayonne, Rouen,  
Dieppe, Dunkirk, Marseilles.

Portugal.—Faro, Lisbon, Oporto.

Spain.—Seville, Valencia, Cartagena, Huelva, Castellon.

Danzig.—Danzig.

Estonia.—Tallin.

Latvia.—Riga.

### III.—WATER SUPPLY.

The town water supply is available for the port and for shipping.

All precautions are taken against contamination.

There are two water boats in use, one in each dock; they are in good sanitary condition.

The water supply for the fish market is being adequately chlorinated by the Railway Company, and about 300,000 gallons per day are used. Unfortunately the Railway Company have not yet provided facilities for making this chlorinated supply available for washing out the fish rooms of trawlers.

### IV.—PORT SANITARY REGULATIONS, 1933.

The information under these Regulations is as described in the Annual Report for 1934, except in regard to paragraph 10 relating to venereal disease. This is shewn at the end of Table D.

TABLE C.

Cases of Infectious Sickness landed from Vessels.

DISEASE.	Number of Cases during the year.		No. of Vessels concerned.	Average number of Cases for previous 5 years.
	Passengers.	Crew.		
Influenza .. ..	—	5	3	51

TABLE D.

Cases of Infectious Sickness occurring on Vessels during the voyage but disposed of prior to arrival.

Disease	Number of Cases during the year.		No. of Vessels concerned.	Average number of Cases for previous 5 years.
	Passengers.	Crew.		
Pneumonia .. ..	—	—	—	1

No cases of Plague, Cholera, Yellow Fever, Small-pox or Typhus occurred, or any Plague infected rats were discovered during the year.

34 cases of sickness or injury were reported on 28 vessels during the year.

#### *Venereal Disease.*

During the year 35 foreign seamen attended the Grimsby Clinic, of which 5 were suffering from syphilis, and 12 from gonorrhœa.

In addition to the above there were many others who had already commenced treatment at other British Clinics.



## V.—MEASURES AGAINST RODENTS.

Numbers 1 to 5 as described in Annual Report for 1934.

## RATS DESTROYED DURING THE YEAR.

TABLE E. (1) On Vessels.

Number of	Jan.	Feb.	Mch.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total in y'r.
Black Rats ..	40	35	90	27	40	20	17	20	90	12	17	18	426
Brown Rats ..	12	10	15	9	16	8	16	15	27	7	6	5	146
Rats examined	..	..	2	..	2	..	..	..	2	..	..	2	..
Rats infected with plague	..	..	..	..	..	..	..	..	..	..	..	..	..
Total													572

TABLE F. (2) In Docks, Quays, Wharves and Warehouses.

Number of	Jan.	Feb.	Mch.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total in y'r.
Black Rats ..	61	123	104	88	68	121	94	100	65	144	64	105	1137
Brown Rats ..	300	306	350	400	450	350	280	200	268	250	460	200	3814
Rats examined	..	..	2	..	2	..	..	..	2	..	..	2	..
Rats infected with plague	..	..	..	..	..	..	..	..	..	..	..	..	..
Total													4951

## RATS EXAMINED FOR PLAGUE OR OTHER DISEASES :—

7 black rats and 9 brown rats were sent for examination and examined macroscopically.

## THE REPORT FROM THE ANALYST IS AS FOLLOWS :—

These rats have been examined and found to be free from B. Pestis, or other diseases.

TABLE G.

Measures of Rat Destruction on Plague “infected” or “suspected” Vessels from plague infected ports arriving in the Port during the year.—Nil.

TABLE H.

Deratisation Certificates and Deratisation Exemption Certificates issued during the year.

Net Tonnage	No. of Ships	No. of Deratisation Certificates issued.					Number of Dera- tation Exempt- Cer- tificates issued	Total Cer- tificates issued
		After fumigation with			After trapping poison- ing, etc.	Total		
		H.C.N. 3	Sulphur 4	H.C.N. & Sulphur 5				
1	2	3	4	5	6	7	8	9
Ships up to 300 tons .. ..	15	—	—	—	—	—	15	15
„ from 301 tons to 1000 tons	40	—	—	—	—	—	40	40
„ „ 1001 „ 3000 „	4	—	—	—	—	—	4	4
„ „ 3001 „ 10000 „	—	—	—	—	—	—	—	—
„ over 10,000 tons ..	—	—	—	—	—	—	—	—
Totals .. ..	59	—	—	—	—	—	59	59

## INTERNATIONAL SANITARY CONVENTION.

During the year 59 Deratisation Exemption Certificates were issued.

872 traps were set by the Rat Searcher on 109 vessels, and 224 rats were caught, the balance of 348 being from Trawlers.

No Deratisation Certificates were issued during the year.

## VI.—HYGIENE OF CREW'S SPACES.

TABLE J.

Classification of Nuisances.

Nationality of Vessel.	Number inspected during the year	Defects of Original Construction.	Structural defects through wear and tear.	Dirt, Vermin, and other conditions prejudicial to health
British .. ..	1929	—	227	353
Other Nations	429	3	80	16

On nearly all Fishing Vessels the forecastles are used for the storing of surplus deck gear.

## DEFECTS.

Leaky overhead decks ..	77	Defective cabin doors ..	4
Plugs missing from tanks	14	„ forecastle doors ..	2
Broken portlight glasses	52	„ „ floors	4
Leaks aft .. .. .	5	„ „ steps ..	2
Defective stoves .. ..	82	„ water pump ..	10
„ „ pipes ..	49	„ plates, ships side ..	15
„ ventilation ..	15	„ water tanks ..	6
„ deadlights ..	27	„ deck lights ..	9
„ skylights ..	37	„ scupper pipe ..	1
„ portlight frames	40	„ fresh water pipes	3
„ bunk linings ..	28	„ chain pipes ..	4
„ w.c.'s .. ..	5	„ wash basins ..	6
„ w.c. service pipes	3	„ food lockers ..	2
„ filling pipe ..	4	„ forecastle bulkheads	2
„ stem .. ..	2	„ bunk bottoms ..	3

## NUISANCES.

Dirty forecastles ..	38	Dirty and choked w.c.'s ..	12
„ „ steerage ..	3	„ pantries ..	8
„ cabins ..	41	„ water tanks ..	38
„ „ seats ..	8	„ & perished paintwork ..	30
„ „ tables ..	2	„ transom lockers ..	16
„ steerage ..	5	„ mess rooms ..	3
„ galley & utensils ..	13	„ beef casks ..	5
„ beds destroyed ..	448	Verminous vessels ..	270
„ bunks ..	80	„ „ fumigated ..	115
„ food lockers ..	79	„ „ sprayed ..	104
„ seat lockers ..	48		

Practically the whole of the above nuisances were abated.

Informal Notices served—119. Complied with—107.

## VII.—FOOD INSPECTION.

The following is a list of imported foodstuffs landed by vessels entering the Port during the year :—

Bacon (4 sides to a bale) ..	..	..	433,101 bales.
Butter ..	..	..	805,512 casks.
Eggs ..	..	..	160,408 cases.
Casks and Packages of offal ..	..	..	8,504 number.

The amount of butter and bacon imported remains much the same as last year, but the import of eggs is almost double. In addition, large quantities of fruit and vegetables, particularly in the summer months, were imported.

## PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1925.

Quantities and descriptions of food seized or forfeited or unsaleable and sent to the Meal Works for destruction during the year.

## FISH MARKET.

Nature of Article.	Weight.				Why Condemned.	Whether Seized or Forfeited.	How Disposed of.
	Tons.	Cwts.	Qrs.	Stns.			
Codling ..	236	12	3	0	Decomposed	Forfeited	Sent to Meal Works
Haddocks ..	201	14	1	0	or	„	„
Colefish ..	46	8	2	1	Unsaleable	„	„
Dabs ..	24	13	1	1	„	„	„
Cod ..	20	17	3	1	„	„	„
Catfish ..	9	0	1	1	„	„	„
Mackerel ..	3	15	2	1	„	„	„
Lemon Soles ..	3	11	1	0	„	„	„
Roker ..	2	11	2	1	„	„	„
Chitterlings ..	2	5	0	1	„	„	„
Plaice ..	1	9	1	0	„	„	„
Megrim ..	1	12	1	1	„	„	„
Gurnards ..	1	2	0	1	„	„	„
Witches ..	1	0	0	1	„	„	„

Nature of Article.	Weight.				Why Condemned.	Whether Seized or Forfeited.	How Disposed of.
	Tons.	Cwts.	Qtrs.	Stns.			
Whiting ..	—	19	0	0	Decomposed or Unsaleable	Forfeited	Sent to Meal Works
Turbot ..	—	13	1	0		"	"
Hake ..	—	13	2	0	"	"	"
Ling ..	—	7	3	0	"	"	"
Skate ..	—	3	3	0	"	"	"
Halibut ..	—	6	0	0	"	"	"
Bream ..	—	—	3	0	"	"	"
Mussels ..	—	3	0	0	"	"	"
Tusk ..	—	3	3	0	"	"	"
Roes ..	—	2	1	1	"	"	"
Herrings ..	—	1	2	0	"	"	"
Prawns ..	—	—	2	1	"	"	"
Totals	560	10	0	0			

*Ex Rail.*

Nature of Article.	Quantity.	Why Condemned.	Whether Seized or Forfeited.	How Disposed of.
Kippers ..	65 stns.	Decomposed	Forfeited	Sent to Meal Works
Haddocks ..	122 "	"	"	"
Megrims ..	32 "	"	"	"
Dogfish ..	10 "	"	"	"
Lemon Soles ..	56 "	"	"	"
Mixed Fish ..	91 "	"	"	"
Plaice ..	30 "	"	"	"
Soles ..	25 "	"	"	"
Brill ..	10 "	"	"	"
Herrings ..	34 "	"	"	"
Mackerel ..	12 "	"	"	"
Smoked				
Haddocks	24 "	"	"	"
" Fillets	10 "	"	"	"
Wet Fillets ..	25 "	"	"	"
Halibut ..	4 "	"	"	"
Turbot ..	5 "	"	"	"
Dried Fish ..	10 lbs.	"	"	"
Oysters ..	8 tins	"	"	"
Shrimps ..	7 bkts.	"	"	"
Prawns ..	4 bags	"	"	"
<i>On Steamship.</i>				
<i>Hamburg.</i>				
Bilberries.	576 Chips	Unsound	"	To Destructor
<i>Seville</i>				
Oranges.	32 tons	"	"	"



## CONDEMNED BY AN ORDER OF A JUSTICE OF THE PEACE.

Nature of Article.	Quantity.	Why Condemned.	Whether Seized or Forfeited.	How Disposed of.
<i>On Steamship.</i>				
<i>Hamburg.</i>				
Grapes.	419 crates	Unsound	Seized	To Destructor.
<i>Esbjerg.</i>				
Pigs Maws ..	2 casks	Decomposed	„	„
<i>Coal, Salt and</i>				
<i>Tanning Co.</i>				
Beef ..	112 lbs.	„	„	„
Delicacies ..	35 tins	„	„	„

(2) *Shell Fish*.—There are no shell-fish beds in the area of the Port Health Authority.

The layings from which the oysters are marketed in this district are Hunstanton and Brightlingsea.

Number of Samples of Food examined by :—

(a) Bacteriologists—Nil.

(b) By Analyst—

*Nature of Sample.*

*Result of Examination.*

1. Strawberries in Preservatives
2. Shrimp Extract (3 samples)
3. Foreign Delicacies (6 samples)

Free from Preservatives.  
do. do.

1 to 5 contains preservatives contrary to the Regulations. A guarantee was obtained from the consignees that the above would only be used for ships stores or for export.

No. 6 was free from preservatives.

4. Jellied Veal

Free from preservatives.

I am indebted to Mr. F. Stokes, Port Sanitary Inspector, for the details of the sanitary work carried out in the district.

District. 629 visits and revisits have been made *re* defects and nuisances during the year, and the following causes of complaint were dealt with :—

Choked drains cleared	..	..	..	..	..	40
Drains partially relaid	..	..	..	..	..	2
New drains provided ..	..	..	..	..	..	6
Choked gullies cleared	..	..	..	..	..	76
New gullies provided	..	..	..	..	..	3
New inspection chambers provided	..	..	..	..	..	1

Down spouts defective repaired .. .. .	42
Down spouts cleared .. .. .	4
Eave spouts defective repaired .. .. .	9
Eave spouts cleared .. .. .	7
Choked w.c.'s cleared .. .. .	7
Soil pipes cleared .. .. .	3
Flush tanks repaired .. .. .	7
Waste pipes repaired .. .. .	1
New w.c.'s provided .. .. .	3
Vent shafts repaired .. .. .	1
W.c.'s screened .. .. .	2
New grids to gullies .. .. .	6
New wash hand basins .. .. .	2
New sills to doors .. .. .	2
Passages and stairways cleansed .. .. .	2
Outer yards cleansed .. .. .	2
Walls repaired and cleansed .. .. .	3
Foul grease trap cleansed .. .. .	1
Foul grounds cleansed .. .. .	6
Urinals cleared and cleansed .. .. .	2
Defective sprayer to urinal cleansed and repaired ..	1
Skylight repaired .. .. .	1
Defective roofs repaired .. .. .	7
Defective air inlets repaired .. .. .	5
Broken hopper repaired .. .. .	1
Defective stairway repaired .. .. .	1
Floors relaid .. .. .	7
Paths relaid .. .. .	1
Depressions in roadway made up .. .. .	2

55 letters and informal notices were served on owners or occupiers during the year.

131 deposits of rubbish were dealt with during the year.

Fish merchants' stands cleansed .. .. .	159
Fish merchants' utensils cleansed .. .. .	237
Fish merchants' ice bins cleansed .. .. .	16
Fish merchants' new ice bins .. .. .	13
Fish curers' kits cleansed .. .. .	5
Fish merchants' offices cleansed .. .. .	2

Accumulations of  
Offensive  
Refuse  
removed.

Fish Market.

A large number of dirty offal barrels were cleansed, and filthy fish boxes destroyed.

As stated already in the report, a considerable amount of reconstruction is in hand at Melhuish's and other jetties, which will materially improve the state of affairs in this part of the market.

Wooden  
Flooring to  
part of Fish  
Market.

These are getting less in number due to many of the vessels now extracting the oil from the livers on board and discharging the crude oil into iron drums.

Liver  
Barrels.

No complaints were received during the year.

Fish Curing  
and Cleaning  
Houses.

There are 31 fish curing houses which are kept up to the usual standard of cleanliness due to constant supervision, but a number of them, in fact nearly all, are now also in the wet fillet trade. The number of fish cleaning and filleting houses are increasing rapidly, these, during the last five years have increased by quite 50 per cent., and are increasing weekly, due to the demand for filleted fish. This class of trade requires very strict supervision, due to the fact that when a fish is split it is often found to contain growths that would not otherwise be seen.

I have formed the opinion that it requires more than one Inspector to deal with the quantity of fish landed and dealt with, not only on the Fish Market, but also in the fish curing and filleting houses, the latter as I have previously stated are increasing rapidly, and are not under the same restrictions that apply to a fish curing house.

Public Con-  
veniences.

There are a large number of these situated on the Docks. They are the property of the Railway Company and are generally kept in good order. They are mostly of the penny in the slot type, there are also a few which are free.

11 defects were found, these were mostly caused by those using them.

There are still 9 box privies which cannot be converted to water carriage, due to being in isolated positions and no sewer being available.

Offal  
Barrels.

I am pleased to state there is a decided improvement in the way these are kept. It is seldom that there is any cause for complaint.

Fish  
Carriers  
(Barrels).

These are mostly used by fish curers. I am pleased to say that after persistent attention by your Inspectors they are being kept in a cleaner condition. I think the owners have at last realised they are for carrying fish intended for food.

Rats & Mice  
(Destruc-  
tion) Act,  
1919.

With reference to the above Act, 987 visits and revisits were made. All stores, warehouses, sheds, etc., adjacent to the docks have been inspected, traps set and baits laid.

5,523 rats were caught on ships and premises, of these 1,563 were black, and 3,960 were brown.

A regular system of examination is carried out both on vessels and in the stores, warehouses, etc. If rats or traces of rats are found in any building, or on board any vessel, orders are at once given for their clearance either by traps, poison or fumigation.

Leaflets are distributed on all vessels pointing out the obligations under this Act, also the penalties for non-compliance.

The Docks are owned by the London and North Eastern Railway Company, who employ a whole time rat catcher. He is requested to notify the inspector as to the number of rats caught by him, also to bring rats occasionally for examination. His

method of destruction is entirely by poisoning, and he has laid a large number of baits.

A card index is kept of all vessels and buildings in which rats have been found. Where it is found impossible to prevent harbourage, the place is kept under regular supervision.

No Notices were issued during the year.

Inspections are now being made under these Acts.

These places are kept under constant supervision, a card index record kept as to the nature of the trade carried on, and their conditions.

Further particulars will be found in copy of Home Office Form appended :—

Parrots  
(Prohibition  
of Import)  
Regulations,  
1930.

The  
Shops Acts,  
1912-1934.

Factory and  
Workshops  
Act.

## 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Premises. (1)	Inspections. (2)	Number of Written Notices. (3)	Occupiers Prosecuted. (4)
Factories (including Factory Laundries) .. ..	202	4	—
Workshops (including Workshop Laundries) .. ..	296	12	—
Workplaces (other than Outworkers' premises) .. ..	325	38	—
Total .. ..	823	54	—

## 2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Found. (2)	Number of Defects Remedied. (3)	Referred to H.M. Inspector. (4)	Number of Prosecutions. (5)
Nuisances under the Public Health Acts :—				
Want of cleanliness .. ..	59	59	—	—
Want of ventilation .. ..	9	9	—	—
Overcrowding .. ..	—	—	—	—
Want of drainage of floors .. ..	56	56	—	—
Other nuisances .. ..	333	333	—	—
Sanitary accommodation { insufficient .. ..	4	4	—	—
{ unsuitable or defective .. ..	54	54	—	—
{ not separate for sexes .. ..	3	3	—	—

Offences under the Factory and Workshop Acts :—

Illegal occupation of underground bake-house (s. 101) .. ..

None in the Port

Total 518 518 — —

OUTWORK IN UNWHOLESOME PREMISES, SECTION 108 .. .. Nil.



Fish Meal  
Works.

Only one of these is situated in the Dock Area, and it is kept under constant supervision. No complaints were received during the year, and no cause for complaint was found. This is pleasing and shews that great care and attention is taken, especially considering the condition of some of the offal dealt with.

Offensive  
Trades.

During the year a provisional license was given to a firm to establish on No. 3 fish dock, premises for the extraction of oil from livers.

Canal Boats  
Act.

Mr. Stokes is the Canal Boat Inspector, and has supplied the following information :—

89 inspections were made. No infectious disease occurred on any of the canal boats during the year. Infringements of the Act dealt with were :—

Boats unregistered .. .. .	1
Certificates not identifying owners with boats .. .. .	4
Masters without certificates .. .. .	17
Boats not properly marked .. .. .	25
Without proper water vessels .. .. .	3
Cabins not in a cleanly condition .. .. .	2
„ not sufficiently ventilated .. .. .	4
„ require painting .. .. .	10
„ out of repair .. .. .	30
„ dilapidated .. .. .	3
Total .. .. .	99

46 notices were served on owners. No legal proceedings were required to be taken in respect of infringements.

The number of infringements has been much greater than in former years.

In conclusion it must be stated that there is still considerable room for improvement in the dock area, the most urgent problem being the extension of the chlorinated water supply to be available for washing out the fish rooms of trawlers.

Another matter which gives rise to some concern is the considerable degree of bug infestation in a number of the trawlers. There are several difficulties in the way of dealing with this problem, viz., (a) the vessels are often in port for too short a period for fumigation to be carried out, and the ships are at sea again when a second fumigation would catch the second generation of eggs ; (b) a ship may easily be infested by bugs brought on board in the gear of one seaman, and this gear may have become infested in a store from other gear. It is only fair to say that certain of the trawler owners will go to unlimited expense and trouble to keep their vessels free from vermin. Literature is being prepared to assist the industry in dealing with this problem.

The condition of the roads is still not all that could be desired, but attempt has been made to improve the collection of refuse and the sweeping of the roads. Both matters are under the personal supervision of the engineer to the Railway Company who intends to prosecute offenders detected dumping foul material. Brushes and shovels have also been supplied to all horse lorry owners in order that they may be compelled to keep their stands clear of horse droppings and urine.

No sickness of a serious nature was brought into or occurred in the Port during the year.



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**SECTION H.**  
**SCHOOL MEDICAL SERVICE.**

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## GRIMSBY EDUCATION COMMITTEE.

### Report of the School Medical Officer FOR THE YEAR 1936.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present my third annual report as School Medical Officer.

The year 1936 has been one of still further consolidation and expansion of the School Medical Service. The School Medical Services Sub-Committee has amply justified its formation, and has shewn a keen interest in the work of the service.

The most marked addition during the year was the completion of the negotiations by the Local Authority with the Grimsby and District Hospital and with Harlow Wood Hospital for a complete orthopædic scheme, which has since received the approval of the Board of Education.

The following alterations still require to be made in the School Medical Service so that the best results can be obtained for the money expended :—

1. The still closer integration with the other health services as recommended by the Ministry of Health and the Board of Education. This will not be fully achieved until the new municipal offices are completed.
2. The provision of alternative accommodation to the present unsatisfactory premises at Burgess Street and Hamilton Street.
3. A further extension of the dental services. This will not be achieved without the aid of continuous propaganda.
4. The provision of an open air school of 120 places.
5. The inclusion in the School Medical Service of such matters as orthoptics, speech therapy, etc.

I should like to take this opportunity of thanking the Chairman and members of the School Medical Services Sub-Committee, the officials and the teaching staff for their interest, co-operation and support throughout the year.

JAMES A. KERR,  
School Medical Officer.

Health Department,  
184 Victoria Street, Grimsby.  
May, 1937.

**GRIMSBY EDUCATION COMMITTEE.***Chairman*—ALDERMAN A. J. KNOTT, J.P.*Vice-Chairman*—ALDERMAN J. H. CURRY, J.P.*Secretary*—MR. J. W. SHARP.**SCHOOL MEDICAL SERVICE SUB-COMMITTEE.***Chairman*—COUNCILLOR I. ABRAHAMS, J.P.*Vice-Chairman*—COUNCILLOR C. CANNING.

THE MAYOR, COUNCILLOR T. S. STONE, J.P.

Alderman W. S. BEALES, J.P.

Coun. J. KEAY.

,, A. C. BEESON, J.P.

,, Mrs. C. A. MARKLEW, J.P.

,, J. H. CURRY, J.P.

,, E. MARKLEW, M.P.

,, J. HOGG

,, J. J. SUTTON.

,, A. J. KNOTT, J.P.

Mr. A. COLLINSON.

,, H. WELDRICK.

Mr. H. W. SHECKELL.

Councillor M. BLOOM

Mrs. W. H. THICKETT.

,, C. W. DIXON.

Mr. A. P. WILLIAMS, B.A.

,, C. E. FRANKLIN, J.P.

**STAFF OF SCHOOL MEDICAL DEPARTMENT.**

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER—

JAMES A. KERR, B.Sc., M.D., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS—

W. G. SOUTHEY, M.B., B.S., D.P.H.

Miss R. HALPERIN, M.B., B.S., D.P.H.

CONSULTING PHYSICIAN TO RHEUMATIC &amp; HEART CLINIC—

J. W. BROWN, M.D., M.R.C.P.

CONSULTANT OPHTHALMOLOGIST—

W. GORDON DAVIDSON, M.B., D.O.M.S.

DENTAL OFFICERS—

C. F. SALT, L.D.S.

A. W. MCCARTHY, L.D.S.

SCHOOL NURSES—

NURSES K. DRUMMOND, E. RANDALL, E. RANDS, J. UPTON  
AND H. BRYAN.

DENTAL NURSES—

Miss A. ABBEY AND Miss G. E. BRIGHAM.

OFFICE CLERK—Miss J. COOKE.

DENTAL ATTENDANT—Miss R. HENFREY.

Miss M. LAXTON, Mental Welfare Visitor.

The average number of children on the register during 1936 was 12,814, a diminution of 283 on the previous year.

**Co-ordination.**—The School Medical Service is more intimately linked with the Maternity and Child Welfare Service although the health visitors are still entirely separate from the school nurses. It is desirable that future appointments of school nurses should be confined to those who have the health visitor's qualification, and the same individual should supervise the work of both classes of officers.

Now that the toddlers' clinics have been established it is possible that a marked diminution in the number of defects found in entrants will take place. With the co-operation of the teachers, detailed information has been rendered available to the health visitors in respect to measles, whooping cough and chicken-pox. This has apparently led to an increased amount of the minor infectious diseases, but all that has happened is that the Local Authority has been more fully aware of such incidence.

**School Hygiene.**—An extensive review of the sanitary accommodation at the schools was published in the annual report for 1933. There has been no substantial alteration in this during the interim, and these defects are still present. Some will, however, be remedied at an early date by the provision of new schools.

A new and highly satisfactory school has been built in Carr Lane, and Hilda Street and Weelsby Street schools have been entirely re-conditioned. Plans have been approved for a new school to replace the one in Macaulay Street.

New wash bowls were provided at Edward Street Senior Boys' School. In view of the report received from the Board of Education drawing attention to the unsatisfactory washing facilities at many of the schools it is hoped that some improvement will occur in the near future in those schools which are not down for replacement within the next few years, although it is appreciated that in certain schools there is no accommodation available for providing such facilities.

### MEDICAL INSPECTION.

The usual routine medical inspection as laid down by the Board of Education's schedule was followed throughout the year. These groups are :—

- (a) Entrants.
- (b) Eight year olds.
- (c) Leavers (over 12 years).

The number of children examined in these groups were as follows :—

Entrants	1329
Mid-group	1403
Leavers	1325
	<hr/>
Total	4057
	<hr/>

The special cases seen in 1936 amounted to 2,228 as compared with 1,847 in 1935, and 1,645 in 1934 respectively.

### FINDINGS OF MEDICAL INSPECTIONS.

(a) **Nutrition.**—The average heights and weights of children examined during 1936 for each age group has been well maintained. Consideration of the subjoined Table will show that in several instances there has been a slight increase on the figures for 1935 ; and that in every case the figures will compare favourably with those from any urban area in the kingdom.

Seeing that Grimsby is at present ranked as a depressed area, such satisfactory average figures are no doubt a tribute to the fisherfolk stock from which so many of the children spring, rather than the quality or quantity of the available diet.

As regards group classification (A—excellent ; B—normal ; C—slightly subnormal and D—bad) of the 4,057 children examined, 1,301 (32%) were placed in Group A, 511 (12·6%) in Group C, and 20 (0·5%) in Group D.

In other words 1 in 200 of these examined were found to be suffering from malnutrition. All these cases were referred to the School Clinic for appropriate treatment. It should be understood that, as in previous years, only a small proportion of this number were the result of poverty and insufficient food. The majority owed their poor nutrition either to psychological defects (neurosis) or prolonged ill-health, or to inherent delicacy of constitution, making it difficult for them to take advantage of the food available. The fussy, over-anxious mother is a big factor in such cases, and the problem of treatment resolves itself into one rather of the parent than the child.

As regards the 511 children who were placed in Group C—slightly subnormal, the customary arrangements were made for keeping them under observation, and reinspection the following year.

A word may be said here in regard to the difficulty that always presents itself in the classification of certain children, particularly those who come of small stock, and are naturally



small-boned and tiny, and therefore much below the average height and weight for their age. At first glance many of them appear to be so fragile and delicate that the impulse is to class them at least C, if not D. But careful enquiry and examination reveal that they are organically healthy, no more liable to infectious diseases than their bigger-boned fellows, and normally active and energetic for their age. Subsequent observation over the period of their school career will show that they always remain small for their particular age-group and that neither the quality nor quantity of their diet appears to influence their slow growth.

The individual reactions of the medical officer who happens to examine such children are bound to vary, and this may be one explanation of the apparent discrepancies in the nutritional classification figures from different parts of the Country, even where industrial conditions are similar. The big problem then in Grimsby as in many other towns is the prevention rather than the treatment of malnutrition. The provision of free dinners is a great help in this direction; but for various reasons it would be an advantage if the selection of the children for these meals and their supervision were more directly under the control of the medical staff than at present. As things are, medical officers can only advise parents to apply for the dinners through the head teachers of the schools; and there are many children receiving dinners of whom medical officers have no direct knowledge. It is desirable that the whole of the arrangements in respect to the provision of meals should come directly under the supervision of the school medical staff.

Free malt and codliver oil or virol continue to be dispensed at the school clinic in necessitous cases; but there is no provision as yet for free milk, and there are many children for whom the milk would be more beneficial in all probability than malt and oil or virol.

As regards the so-called protective foods—milk, eggs, butter and fresh fruit—of which we hear so much nowadays, the time seems very far off when we can visualise a beneficent local authority stepping in to supervise the marketing in the homes. One can visualise no other means of ensuring the provision of adequate quantities of such foods for the growing children of the working classes. The thrifty intelligent mother, even with an income limited to what she receives from the unemployment benefit or public assistance, will buy such foods both by instinct and tradition, and her children do well; but in the case of many, it is only too obvious that even if the children do not starve, the money that goes to buy their food is unwisely spent on the cheaper (if more filling) carbohydrates than the bone and muscle building proteins and fats.

**Average Height and Weight.**

		GRIMSBY 1936		GRIMSBY. 1935	
		Height Inches	Weight Lbs.	Height Inches	Weight Lbs.
<b>ENTRANTS.</b>					
5-6 years	Boys	42·8	43·8	42·8	43·5
5-6 years	Girls	42·6	42·6	42·4	41·9
<b>2ND AGE GROUP</b>					
8-9 years	Boys	49·0	57·2	49·1	57·3
8-9 years	Girls	49·0	55·8	48·8	55·2
<b>3RD AGE GROUP.</b>					
12-13 years	Boys	55·9	79·9	56·2	79·5
12-13 years	Girls	57·4	82·5	57·3	81·9

(b) **Uncleanliness.**—The total inspections of school children by the nurses during 1936 was 33,182, and the number found to show evidence of verminous infestation was 609, compared with 359 in the previous year, 500 in 1934, and 795 in 1933. For the purpose of these inspections the nurses paid 227 visits to schools, an average of 14·2 visits per school as compared with an average of 10·8 visits per school during 1935.

At routine school medical inspections, only 64 out of a total of 4,057 children examined showed any signs of louse infestation.

There is unfortunately an increase to be noted in these figures over those for the previous year, which were the lowest ever recorded in Grimsby. Yet there has been no conscious relaxation of efforts on the part either of school nurses or teachers, to cope with this nuisance.

(c) **Diseases of the Skin.**—Figures for the three principal contagious diseases are given below together with those of the three previous years for purposes of comparison.

	Ring-worm.	Scabies.	Impetigo.
1933	33	45	92
1934	29	42	95
1935	26	72	73
1936	25	64	106

These figures, it should be pointed out, are the total cases seen at both routine and special inspections.

(d) **Visual Defects and External Eye Diseases.**—At routine inspection 117 cases of defective vision and 43 cases of squint were found, as against 114 and 29 respectively in

the previous year. External eye diseases totalled 152, most of which consisted of mild degrees of blepharitis. Only 22 cases required treatment.

(e) **Nose and Throat Defects.**—Cases of tonsils and adenoids requiring treatment found at routine and special inspections totalled 254 as against 202 in 1935.

(f) **Ear Disease and Defective Hearing.**—Cases requiring treatment found at routine and special inspections totalled 186 as against 140 in 1935.

(g) **Dental Defects.**—See report of School Dentist.

(h) **Orthopædic and Postural Defects.**—Excluding deformities due to rickets, mostly of very slight degree. The total found at both routine and special inspections was 52 as against 54 in 1935. In view of the proposed provision of a satisfactory orthopædic scheme a special survey of the records of all school children requiring supervision by an orthopædic surgeon was made. The number was found to be 147.

(i) **Heart Disease.**—Excluding functional defects, 15 cases were found as against 8 in 1935.

(j) **Tuberculosis.**—6 cases of pulmonary tuberculosis and 31 cases of non-pulmonary tuberculosis were diagnosed in 1936, as compared with 8 and 44 respectively in 1935.

(k) **Nervous Defects.**—There were 10 cases of chorea found at special inspections as against 28 in 1935.

The number of children found to require treatment at routine medical inspections during the year remained at the comparatively low figure of just over 10%.

### Following Up.

The majority of parents, when notified about defects found in their children at school medical inspection, seek advice at the school clinic, so that "following up" rarely presents any difficulty, and as many reinspections as may be required take place there.

Where advice and treatment are sought privately, the school nurses satisfy themselves in regard to this by calling at the homes within a few weeks of the medical inspection. In the comparatively rare cases where the parents do not take action, the same procedure is followed as was described in last year's report.

Although, as already mentioned, the majority of parents seek advice at the clinic when notified about a defect, a special effort is being made to diminish the interval between routine inspection and the following-up of each individual defect by a visit of the school nurse.

### ARRANGEMENTS FOR TREATMENT.

(a) **Malnutrition.**—The special clinic mentioned in previous reports where, not only cases of malnutrition, but other cases requiring fairly frequent observation, though not active treatment, can be followed up, continued during 1936 to be held every alternate Friday afternoon. Cases are seen at this clinic by appointment only, and held as it is when schools are not in session, it causes no interference with school attendance and suits the busy mother as a rule better than the morning clinics. Although there is no official Child Guidance Clinic in Grimsby, a number of cases that would be referred to such a clinic are also dealt with on these Friday afternoons.

66 cases (of whom 38 were new) made a total of 237 attendances during the year.

They were classified as follows :—

Debility and malnutrition .. .. .	18
Rheumatism and chorea .. .. .	11
Heart defects .. .. .	6
Asthma and bronchitis .. .. .	6
Psychoneurosis and other nervous disorders	7
Other conditions .. .. .	18

The method of dealing with true cases of malnutrition described in previous reports continues to give satisfactory results.

Reference to the provision of free meals, free malt and oil (and similar vitamin containing products) and the absence of any provision for free milk has already been made earlier in this report under the head of Nutrition.

(b) **Uncleanliness.**—During the year 178 baths were provided at the school clinic as follows :—

Lysol .. .. .	8
Soap and Water .. .. .	170

Facilities for employing baths in the treatment of skin diseases are lacking, so that the baths mentioned were given for cleansing purposes only. X-ray treatment for ringworm is not carried out.

As remarked in the last report most of the skin conditions treated at the clinic (particularly so-called septic sores) are the direct result of dirt and parental incapacity for keeping children reasonably clean.

Poverty and environment are often held responsible for various social ills, but should never be made an excuse for the dirty bodies of children. One likes to think that such an ironic commentary on so-called civilisation is gradually



losing its force with the spread of education ; but there are occasions when the staff of the school clinic feel inclined to question whether any real progress at all is being made. There is no doubt that if progress is to be made the elementary schools must play their part in the spread of enlightenment, and in this respect it might be remarked that the lack of adequate washing facilities in the older schools does nothing to help teachers in preaching the gospel of cleanliness.

As regards verminous heads, cleansing notices were served in 63 cases, of which 7 required notices on two different occasions.

Ceaseless verbal propaganda is carried on amongst both children and parents in the hope of developing a public conscience in the matter. But complete eradication of vermin in school children would appear to be a goal impossible of attainment with human nature as we know it to-day in this country.

To stamp it out completely would require the powers of a dictator—power not only to enter the homes and inspect the persons of all inmates old and young, but power to punish substantially in the case of chronic offenders.

In a town such as this certain families can be picked out by school doctors and nurses in which the children are never really free from vermin, except for the few days or weeks that happen to succeed a compulsory cleansing, and these children no doubt function much as “carriers” do in the case of infectious disease, infecting from time to time clean children. There have been no prosecutions in Grimsby for this offence for some years ; and one questions their efficacy when a nominal fine is the only penalty.

(c) **Minor Ailments.**—The figures for attendances at the School Clinic were as follows :—

Total cases	6575
Total attendances	12387

The clinic is held every morning of the school week from 9-30 a.m. to 1 p.m.

On occasions of great pressure it has not been possible for the medical officer to see every case at the one session, but in that event, appointments have always been made for the “left overs” to be seen first on the following morning ; and as such an arrangement is only made for less urgent cases, little inconvenience has resulted.

Doubtless the clinics could be considerably thinned by a more literal interpretation of the term “minor ailments” ; but in that case, much of the present practical value of the clinic would be lost, for a great deal of the work is advisory

and educative, and few of the parents who attend the clinic could really afford to seek such advice and education from the private practitioner.

It should be pointed out that of the above 6575 cases 1259 were not seen by the medical officer at all, being of so trivial a nature (e.g., sores and minor injuries) that the clinic nurses were able to deal with them quite satisfactorily.

During 1936 the number of cases treated has been much increased, being 6,575 as compared with 4,827 in 1935; but the number of attendances has actually diminished, being 12,387 as compared with 13,106.

(d) **Defects of Vision and Diseases of the Eye.**—Refraction clinics were held every Tuesday afternoon and every alternate Friday afternoon during the school terms.

Cases requiring the attention of a specialist were referred either to Dr. Vivian or Dr. Davidson up to the end of April, and after that date to Dr. Davidson alone, Dr. Vivian having retired.

During the year 310 children had refraction at the Clinic of whom 307 had spectacles prescribed, and 248 obtained spectacles under the Authority's scheme.

A further 39 children were refracted and obtained glasses privately.

Analysis of the errors of refraction dealt with at the clinic during the year is as follows:—

Squint	..	..	..	23·7%
Hypermetropia		..	..	8·3%
Myopia—high	1·3%	..	..	} 5·3%
„ low	4·0%	..	..	
Astigmatism	{ hypermetropic			45·0%
	{ myopic			11·7%
	{ mixed			6·0%
				} 62·7%

33 cases either of eye disease or complicated refraction were referred to either one or other of the two ophthalmologists appointed under the Authority's scheme.

We have to thank Dr. Davidson for five squint operations undertaken voluntarily by him during the year at no expense either to the Authority or the parents, and with excellent results. It should be pointed out that these were specially selected cases in which the squint was of extreme degree, and where treatment over a period of years with spectacles had been fruitless.

There is no provision in the town for any orthoptic work at the present time; but it is hoped that a scheme will be

working shortly under which this specialised and highly effective treatment of squint in young children will be available.

In future a joint clinic will be held for cases referred from the school clinic and from the maternity and child welfare centres, the cost to be shared in proportion between the two committees.

(e) **Nose and Throat Defects.**—At all inspections during 1936, 254 children were found to be suffering from the effects of unhealthy tonsils, adenoids, or both. They were classified as follows :—

Chronic tonsillitis .. .. .	43
Adenoids only .. .. .	36
Tonsillitis and adenoids .. .. .	175

Operative treatment was provided for 104 of these cases, 65 under the Authority's scheme at the Grimsby and District Hospital, 4 at the Hull Royal Infirmary, and the remainder privately.

It will be noted that the high incidence shewn of these defects in 1935 has been more than maintained. The action of the Grimsby and District Hospital in admitting the children overnight for these operations is much appreciated by the parents.

(f) **Ear Disease and Defective Hearing.**—There are no special arrangements for dealing with this type of case at present.

In a number of cases of chronic otorrhœa, resistant to the ordinary routine treatment with spirit drops and boric acid, good results have been recently obtained at the Clinic with the dry treatment (by insufflation of the ears with boric powder containing 1% iodine) mentioned in the Chief Medical Officer's Annual Reports for 1933 and 1934.

(g) **Dental Defects.**—See dentist's report.

(h) **Orthopædic Defects.**—An official scheme for dealing with orthopædic defects will be in operation early in 1937. All school children with such defects will be referred to the Grimsby and District Hospital and will be dealt with by the honorary orthopædic surgeon, Mr. R. G. Pulvertaft, F.R.C.S. Those cases which require a long term of in-patient treatment will be sent to Harlow Wood Hospital, near Mansfield, where there are teaching facilities available.

During 1936 five cases were sent to the Hull Royal Infirmary, of which three had in-patient and the remainder out-patient treatment.

(i) **Heart Disease and Rheumatism.**—Afternoon clinics were held (on the premises of the School Clinic) approximately once a fortnight during the year by Dr. J. W. Brown, consultant physician in these diseases to the Authority.

82 cases, of which 43 were new, made a total of 151 attendances at these clinics.

I am indebted to Dr. J. W. Brown for the following report in respect to the Rheumatism and Heart Clinic :—

Officially this clinic has now been established for two years, although unofficially it was active for five years previously. It thus ranks as one of the pioneers in the country, and the experiences of this clinic are frequently drawn upon by other authorities.

The work of the Clinic falls under two main heads, social and scientific. By the social aspect is meant the consideration of the rheumatic or heart case in relation to its immediate surroundings, school life, and future welfare as a wage earner. Its scientific aspects deal with accurate diagnosis and research into the origin and evolution of the different forms of rheumatism and heart disease. The justification for such a clinic is founded on the mortality rate of rheumatism and rheumatic heart disease in children of school age, which exceeds that of tuberculosis of all forms and other respiratory diseases in the same age group. An added reason for the work is the prevention of invalidism, particularly amongst that large class who present abnormal heart sounds and murmurs of perhaps purely functional origin. Accurate diagnosis in this latter group, and adequate and frank explanation to parents have led in some cases to the abandonment of the bath chair and a happy, active, childhood, without deleterious effects and with subsequent disappearance of the abnormal signs.

The Clinic is in no sense a treatment clinic. Its function is diagnostic, advisory, and supervisory. If treatment is necessary the child is referred with a note to its own doctor, or if in poor circumstances is admitted to your physician's wards. Each child is regularly weighed and measured and then examined completely at each visit. Where necessary further examinations are carried out with the X-ray and the Electrocardiograph. In fact every form of examination applicable to the heart is available to these children. Careful and full notes of these visits are kept on special forms. A careful explanation is made to the parents and the child's disability is made clear to them, and this is repeated at each visit together with such remarks as are necessary about progress or deterioration of the case.



The cases are grouped into categories which are briefly, rheumatism or chorea with or without heart disease; functional heart disease; congenital heart disease; and no rheumatism or heart disease whatsoever. It is surprising, when cases of "rheumatism" are critically examined, what numbers of them are not rheumatic but simply suffering from fatigue pains, minor orthopædic anomalies, or even maternal anxiety. So also much valuable school time is lost by children with tics or habit spasm, who are erroneously considered to be choreic. Cases are additionally classified in relation to their capacity for games and exercises and recommendations along these lines are made.

A feature of the clinic has always been consideration of the future welfare of the patient, and much advice is proffered as regards future occupation so that, when possible, a child's studies may be orientated in that particular direction. It is a guiding principal that the child with heart disease may have to earn his living perhaps in an office, shop, or other sedentary occupation. If he is to be effective he must have education, and the mere fact that he has some form of heart disease should not, and does not, exclude a child from school. Even in the severest forms of disease the mere capacity to read and write or do hand work may be of untold benefit to the sufferer. Parents when this aspect is adequately explained to them usually shew the utmost co-operation and your physician has been the recipient of many grateful letters in this respect from parent and patient alike.

The future of such a clinic lies along the following lines. All children that have been absent from school with rheumatic diseases, diphtheria, scarlet fever or reputed heart disease should be examined at the clinic on their return to school. For those in the active stages of rheumatic disease where a year or more in bed would save the greater number of them from early death or severe crippling heart disease, beds should be provided, and educational facilities offered to the children whilst they are under treatment. This is done in some parts of the country and co-operation with other authorities might lead to much saving of child life. And lastly an adequate follow-up system is necessary, so that the child on leaving school may still have regular supervision and be adjusted to the new milieu in which he now finds himself as a competitor. This is in part accomplished in your physician's out-patient clinic but is far from perfect as it does not insure regular attendance.

Space precludes any discussion of the scientific work of the clinic. The results have been important and much original work has been published in the medical press on data that have been collected. Its activities are well known in most parts of the country and have been the subject of favourable comment in Ministerial reports.

(j) **Tuberculosis.**—As in previous years, all suspected cases found at either routine or special inspections were straightway referred to Dr. Vine the Tuberculosis Officer, who has always taken the keenest interest in such cases, and worked in close and cordial collaboration with the School Medical Service.

### DENTAL REPORT.

The new dental clinic in Watkin Street to replace the present converted rooms in Armstrong Street School will be ready early in 1937. Arrangements will be made when this clinic is completed to carry out the recommendation contained in the annual report of the Chief Medical Officer to the Board of Education for 1933 in ensuring that a general anæsthetic is only administered in the presence of a second dental officer or a medical practitioner. When this provision is put into force it will probably mean the appointment of an additional dental officer.

The dental nurses will in future be replaced by dental attendants as and when vacancies occur. In conclusion, I wish to stress that the Hamilton Street dental clinic has been stated by the Board of Education to be most unsatisfactory and should be replaced by more adequate premises as soon as possible.

I am indebted to Mr. C. F. Salt, L.D.S., for the following report :—

This report refers to the work done at the Hamilton Street and Armstrong Street school dental clinics in connection with the School Medical Service of Grimsby for 1936.

The inspections at the schools visited have included all departments.

The children of 37 departments were inspected in 79 visits, an average number of 82.75 being inspected at each visit.

Of the children inspected, 888 boys and 860 girls were New Entrants; and 2,381 boys and 2,408 girls were re-inspected.

The average number treated per session remains steady. Illness is still the chief reason for absences and broken appointments.

Of the 2,275 teeth filled, 2,266 were permanent teeth, and 9 temporary teeth.

Of the 8,404 teeth extracted, 1,721 were permanent teeth and 6,683 temporary teeth.

The "specials" account for a good percentage of the permanent teeth extracted, and the great majority of these "specials" are cases that have not the opportunity of having

routine treatment, but have refused it. The percentages of extractions work out at 20·46 per cent. permanent teeth, and 79·54 per cent. temporary teeth, compared with 20·54 per cent. permanent teeth and 79·46 per cent. temporary teeth for 1935.

The percentage of school children inspected with all sound teeth during 1936 was :—boys 13·53, girls 14·7.

The percentage of children re-treated as the result of periodical inspection was boys 30·28, girls 35·7.

The general percentage of routine cases requiring treatment was 68·5 compared with 69·48 for 1935.

INSPECTIONS.		Boys.	Girls.	Total
Children examined (routine cases)	..	3267	3270	6537
Teeth sound	.. .. .	442	481	923
Teeth less than 4 decayed	.. .. .	1225	1310	2535
Teeth 4 or more decayed	.. .. .	1600	1479	3079
Teeth oral sepsis, including abscesses		140	96	236
Half-days devoted to inspections	.. .. .	..	..	79
„ „ treatment of children	.. .. .	..	..	705

A certain amount of time has been saved since the wording of the consent forms was altered, and in consequence only those children over 9 years old who consent beforehand to have whatever treatment may be found necessary are inspected and if necessary treated. The children under 9 years however are quite as numerous if not more so, and it is considered that if all the children were made to consent to treatment before inspection, and only those so consenting be inspected at least as much time again could be saved. As things are now the "persistent refusals" below 9 years are still being re-inspected each year. There have been more consents among the "over 9" group under the new wording of the consent form. The treatment of this increased number of consents has taken up most of the time saved at the inspections, but it has been found possible to take St. Mary's School—the only Roman Catholic School in the town—into routine treatment.

26 Scholarship children, 21 boys and 5 girls, from the Wintringham Secondary School were treated during the year.

#### Dental Defects.

Number of children inspected :—

Routine .. .. . 6,537  
 Specials .. .. . 1,404

Number of children requiring treatment 4,478  
 (routine)

Number of children treated .. 4,323

Number of attendances made by children  
 for treatment .. .. . 5,841

## FILLINGS :—

Permanent teeth	..	..	..	2,266
Temporary teeth	..	..	..	9

## EXTRACTIONS :—

Permanent teeth	..	..	..	1,721
Temporary teeth	..	..	..	6,683

## ANÆSTHETICS :—

General (N <sub>2</sub> O) (Gas)	..	..	..	3,617
Local	..	..	..	138

Number of children re-treated as  
the result of periodical inspection

Boys	721
Girls	694

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Total	1,415
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Number of children re-inspected

Boys	2,381
Girls	2,408

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Total	4,789
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Number of New Entrants inspected

Boys	888
Girls	860

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Total	1,748
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**Infectious Diseases.**

No schools or departments were closed on this account during 1936, and no certificates under Article 23b of the Education Code in respect to diminished attendance owing to infectious disease were issued during the year. In conjunction with the school attendance officers there has been considerable tightening up of the exclusion machinery in respect to infectious disease and detailed information of minor infectious diseases is now available through the courtesy of the school teachers.

An arrangement for offering diphtheria immunisation in the elementary schools was approved in 1936 by the Local Authority.

There has been very little variation in the average attendance of the elementary school children in Grimsby during the past six years, the percentages being :—

1931	..	..	89·04	1934	..	..	90·37
1932	..	..	90·33	1935	..	..	89·74
1933	..	..	89·23	1936	..	..	89·80



Below will be found a table giving the cases of notifiable diseases amongst school children (5 to 15 age group) \* —

Scarlet Fever	..	..	..	..	..	137
Diphtheria	..	..	..	..	..	23
Pneumonia	..	..	..	..	..	12
Chicken-pox	..	..	..	..	..	498
Tuberculosis :—						
Respiratory	..	..	..	..	..	8
Other Forms	..	..	..	..	..	45

Weekly returns are tabulated for every school in the area in respect to scarlet fever and diphtheria, and any undue incidence of either of these diseases in any one school can be easily detected and appropriate measures taken. Some educational work as to the futility of disinfection of school premises has been initiated.

#### PRINCIPAL CAUSES OF DEATH AT AGES 5 TO 15 YEARS.

			1932.	1933.	1934.	1935.	1936.
Measles	..	..	—	—	I	—	—
Scarlet fever	..	..	—	—	—	—	I
Diphtheria	..	..	2	2	2	2	—
Influenza	..	..	—	—	—	—	—
Encephalitis lethargica	..	—	—	—	—	—	—
Pulmonary tuberculosis		—	—	I	—	3	—
Other tuberculous diseases		8	7	4	3	5	
Heart disease	..	..	—	3	2	3	I
Bronchitis	..	..	—	—	—	—	I
Pneumonia	..	..	3	3	5	5	I
Appendicitis	..	..	5	I	I	3	3
Nephritis	..	..	—	I	I	—	—
Rheumatic fever	..	..	—	—	I	2	—
Enteric fever	..	..	—	—	—	—	—
Poliomyelitis	..	..	I	—	—	—	—
Accidents	..	..	3	2	2	—	3

#### Open-air Education.

A fair amount of auxiliary open-air education is given by means of play-room classes. Every endeavour should be made to increase these when the weather is suitable and provided accommodation is available. Some of the newer schools have been so constructed as to have a maximum amount of ventilation. The children attending the Brighowgate Homes under the Public Assistance Committee have an annual camp.

In view of the number of delicate children in the elementary schools it is desirable that the Local Authority should consider the necessity for erecting a small open-air school.

### Physical Training.

As yet no one individual is responsible for the organisation of physical training in the schools, and there is thus no report available. Excellent work, however, has been done by the teachers in those schools where the necessary apparatus has been supplied, and the demonstration of physical training given at Blundell Park last summer compares favourably with demonstrations seen elsewhere in the country.

During the year 464 boys and 378 girls were taught to swim.

### Provision of Meals.

Under the Provision of Meals Act, 1906, 21,561 meals were supplied. The children were supplied with dinners at a Salvation Army Hostel and at a centrally placed restaurant.

The question of selection of children for the meals and the dietaries has been entirely a matter for the Special Committee, and this branch of work is not under the control of the School Medical Service Sub-Committee, and the cases are approved by that Committee and not by the medical officers.

The number of one-third pint bottles of Grade "A" Tuberculin-Tested Milk supplied during the year at  $\frac{1}{2}$ d. per bottle was 658,634, as compared with 677,380 in 1935.

The average daily number of children supplied with milk was 3,107.

As already stated, it is difficult to separate out the various factors why this cheap milk is not taken fuller advantage of. It is not purely a question of poverty, although there would be a slight increase in the number if the Education Committee were to agree to the provision of free milk in necessitous cases, but whatever the reason it is rather unfortunate because all the experiments which have been conducted in regard to giving milk to growing children have shown conclusively that the increase in weight has been greater than the expected weight of a normal growing child.

Approximately 25 per cent. of the children in Grimsby receive milk in schools, whereas 60 per cent. receive it in Hull. There are only several hundred children receiving free milk in the Hull schools so that it cannot be a question of poverty only.

### CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

(a) **Teachers.**—Parents are notified of the day and hour of inspection of each child, but as might be expected the attendance of parents is highest with the infants and lowest with the older boys. A good deal of educational work is

still required in regard to the necessity of early treatment of defective vision and teeth. I wish to express my indebtedness to the school teachers who have to combine their assistance to the School Medical Service with their other numerous duties, but they can be one of the most valuable "following up" agents by reason of their close contact with the parents.

(b) **School Attendance Officers.**—These officers have worked in close co-operation with the Public Health Department, especially in regard to infectious diseases.

(c) **Grimsby and District Hospital.**—We are indebted to the staff for the interest they have taken in cases referred to the Hospital from the school clinic for treatment from time to time, and particularly to the Secretary Superintendent for arranging on occasion for convalescing and necessitous school children to be sent for a change to the Hospital's farm at Wragby.

I am indebted to the Secretary Superintendent of the Hospital for the following information of the numbers of children treated during 1936:—

	In-patient.	Out-patient.
Eye defects .. .. .	7	74
Ear, nose and throat defects .. ..	138	305
Dental defects .. .. .	1	39
Fractures and Orthopædic defects ..	32	256
Cardiac .. .. .	16	14
Dermatological .. .. .	13	25
Other .. .. .	157	1096
Totals .. .. .	364	1809

With the exception of the ear, nose and throat cases, these cases have not been referred by the local Education Authority but they are indicative of the large amount of work in respect to children in Grimsby carried out at the hospital. Besides the school children the numbers include those under 5 years of age, which of course are not connected with the local Education Authority.

(d) **Hull Royal Infirmary.**—We have again to thank the staff for the kind and courteous manner in which they have continued during 1936 to deal with cases referred to them. Such cases are classified as follows:—

Ear, nose and throat defects .. ..	5
Eye defects .. .. .	3
Orthopædic conditions .. .. .	5
Other surgical conditions .. .. .	1
Total .. .. .	14

(e) **N.S.P.C.C.**—The Society and its Grimsby representative—Inspector A. T. Parsons—continued during 1936 to collaborate most cordially with the school medical service, and we are much indebted to them for their prompt assistance in every case where parental neglect or indifference has seemed to threaten the welfare of school children.

(f) **Police Aided Association.**—This association supplied during 1936, 490 pairs of boots to necessitous children; and in this regard has been of great assistance to the authority, for school attendance inevitably suffers when children are inadequately shod, particularly during the winter months. In addition 200 pairs of boots were repaired.

### BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

These are discovered by (a) routine and special visits of the medical officer to schools, (b) special reports from the teachers, and (c) reports from school attendance officers.

The ascertainment of physical defectives has been reasonably complete, but there is great need for an open-air school for them. Adequate arrangements are made for deaf and blind children in special schools, as will be seen from the following lists.

#### BLIND AND DEAF CHILDREN IN SPECIAL SCHOOLS.

<i>Name of Child.</i>	<i>Date of Birth.</i>			<i>Institution.</i>		
Cartwright, Harold	31	12	20	Yorkshire	Deaf	Institution.
Wright, Louisa	18	12	20	"	"	"
Daines, George	11	4	23	"	"	"
Wivell, Sidney	9	4	24	"	"	"
Hardy, Bernard	5	10	27	"	"	"
Alcock, Edwin	22	10	24	"	"	"
Critten, Rheta	13	10	27	"	"	"
Wivell, Camelia	14	7	23	Royal	Blind	School.
Nunn, Gladys	17	11	20	"	"	"
Thomassen, Fred	22	5	26	"	"	"
Ingham, Katherine	11	8	32	Sunshine	Home	(Southport)
Cole, Janet	16	10	33	"	"	"
Leedham, William	11	9	22	Lingfield	Colony.	
Burton, Winifred	30	4	23	Much	Hadham	

The following is a list of children dealt with during the year :—

- W.B. (f) Epileptic Child admitted to Much Hadham.  
 F.T. (m) Admitted to Royal Blind School, Sheffield.  
 J.C. (f) Admitted to Sunshine Home, Southport.

### MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

Number of children notified during the year ending 31st December, 1936, to the Local Mental Deficiency Authority—22.



The ascertainment of mental defectives has continued through the year on the lines inaugurated the previous year. Forty-eight children have been referred for investigation from the schools during the year. Of these five were found to be ineducable, and were notified to the local Mental Deficiency Authority; nine were found to be feeble-minded, but educable in a special school or class; twenty were merely dull and backward; two were of normal intelligence, but showed some educational difficulty; ten are under observation and not yet classified, or failed to keep appointments for examination; and two left the district before an examination could be arranged.

Several feeble-minded cases were taken off the education register during the year, having reached the age of 14—after deducting these cases, and those who left the town, the number of feeble-minded children remaining in the elementary schools is the same as the figure for last year, i.e., 62.

It is not thought that this figure represents the total number of feeble-minded children in the schools, and that up to the present, as there is no systematic method of testing, only those children who show marked difficulty in learning have been referred for examination. In addition it is thought that were specialised education available in the form of special classes more children would be referred for examination and classification.

**Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.**—No students were sent for training during the year.

### NURSERY SCHOOLS.

There is no nursery school in this area under the Local Education Authority, but there is a small private nursery school for which the parents pay small sums, and which is greatly in demand.

### THE SECONDARY SCHOOL.

There is only one secondary school maintained by the Local Authority, the Wintringham Secondary School.

Inspection is carried out at practically weekly intervals at a forenoon session. Arrangements have been made for the lady medical officer to examine the girls at this school. All entrants are seen first, and all others at alternate years. In this way half of the scholars are seen each year, over 15 per cent. of parents appear at inspections, and as might be expected, the majority of those attend in respect to girls. All children are measured and weighed by the school nurse on the day prior to inspection.

During 1936, 347 children were inspected, and there were 116 re-inspections. 53 parents attended during the year.

Malnutrition, uncleanliness and skin conditions continue to be negligible quantities.

The total percentage of children found to require treatment other than dental treatment was 7.5 as compared with 8.1 per cent. last year, but it is to be regretted that 22.2 per cent. were found to be dentally defective, the majority of these being boys. It is, however, felt that the careful follow-up cases by the teaching staff of the school is gradually bearing fruit. Adequate arrangements are made for following up by the school nurse of dental defects discovered at the time of inspection, and the forms of treatment available to the elementary school children are available also to the scholarship children; the remainder are referred to private practitioners or to hospitals.

The Principal, Mr. R. W. Jackson, is keenly interested in the health of the school, and there has been active co-operation between the teaching staff and the officers of the School Medical Service.

#### PARENTS' PAYMENTS.

The arrangements for recovering the cost of treatment from the parents of children attending the public elementary schools and scholarship children attending the secondary school are similar. They are as follows :—

1. Free medical treatment to be given to the children of parents whose weekly income after deducting rent does not exceed £1 15s. od. for two parents and 5s. od. each child.

2. The following charges to be made to parents who have an income in accordance with the foregoing scales :—

(a) **Minor Ailments.**—Treatment free for the first fortnight and for protracted treatment 1s. od. for each period of three months.

(b) **Tonsils and Adenoids.**—Operative treatment of tonsils and adenoids—5s. od. No charge for children if parents' income is below that scale stated in paragraph 1.

123 children received operative treatment through the Education Committee.

(c) **Spectacles.**—Spectacles to be supplied at cost price and at half cost price to the children of parents whose income is below the scale stated in paragraph 1.

During the year 248 children obtained spectacles under the Authority's scheme. In 25 cases the spectacles were supplied free of charge, in 159 cases the Education Committee paid half the cost, and in the remainder the parents paid the full cost.

- (d) **Dentistry.**—A charge of 6d. is made for complete treatment.
3. All payments are to be made in advance.
4. A box is available in the school clinic for the receipt of voluntary contributions from parents.

### HEALTH EDUCATION.

No special health education work has been undertaken during the year, some propaganda by means of posters at the clinics and by using the ex-Empire Marketing Board frames on occasions was carried out.

During the early part of 1937 an opportunity will be given to the older girls in the elementary schools to visit the travelling exhibition of maternity and child welfare.

### SPECIAL ENQUIRIES.

No special enquiries were conducted by members of the school medical service throughout the year. Owing to other demands on the time of the medical officers it has not been even possible to institute nutritional surveys.

### MISCELLANEOUS.

During the year 138 employment certificates, as compared with 114 in 1935, were given to school children who were engaged in partial employment after school hours.

In view of the rapid changes in the personnel of those attending the Junior Instruction Centre, the lack of facilities there and the other demands on the time of the medical officers, it has not yet been possible to initiate routine medical inspection at these Centres.

TABLE I.

**Medical Inspections of Children attending Public Elementary Schools.****A.—ROUTINE MEDICAL INSPECTIONS.**

Number of inspections in the prescribed groups.

Entrants .. .. .	1,329
Second age group .. .. .	1,403
Third age group .. .. .	1,325
Total .. .. .	<u>4,057</u>

Number of other routine inspections .. .. . Nil

**B.—OTHER INSPECTIONS.**

Number of special inspections .. .. .	2,228
Number of re-inspections .. .. .	4,045
Total .. .. .	<u>6,273</u>

**C.—CHILDREN FOUND TO REQUIRE TREATMENT.**

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Prescribed Groups :

Entrants .. .. .	127
Second Age Group .. .. .	151
Third Age Group .. .. .	133
Total (Prescribed Groups) .. .. .	<u>411</u>
Other Routine Inspections .. .. .	<u>nil</u>
Grand Total .. .. .	<u>411</u>



TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

DEFECT OR DISEASE		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Re-quiring treatment 2	Requiring to be kept under observation but not requiring treatment. 3	Re-quiring treatment 4	Requiring to be kept under observation but not requiring treatment 5
1					
Skin	(1) Ringworm—Scalp .. .. .	—	—	7	—
	(2) „ Body .. .. .	2	—	16	—
	(3) Scabies .. .. .	4	—	60	—
	(4) Impetigo .. .. .	5	—	101	—
	(5) Other Diseases (Non-Tuberculous)	30	59	179	—
TOTAL (Heads 1 to 5) .. ..		41	59	363	—
Eye	(6) Blepharitis .. .. .	12	107	25	1
	(7) Conjunctivitis .. .. .	1	1	39	—
	(8) Keratitis .. .. .	—	1	1	—
	(9) Corneal Opacities .. .. .	—	7	—	11
	(10) Other Conditions (excluding Defective Vision and Squint) .. ..	9	14	27	—
TOTAL (Heads 6 to 10) .. ..		22	130	92	12
Ear	(11) Defective Vision (excluding Squint)	117	238	52	2
	(12) Squint .. .. .	43	97	11	—
	(13) Defective Hearing .. .. .	4	26	28	1
	(14) Otitis Media .. .. .	1	6	8	—
	(15) Other Ear Diseases .. .. .	25	36	120	2
Nose and Throat	(16) Chronic Tonsillitis only .. ..	17	361	26	4
	(17) Adenoids only .. .. .	9	48	27	1
	(18) Chronic Tonsillitis and Adenoids ..	73	126	102	3
	(19) Other Conditions .. .. .	4	26	290	—
	(20) Enlarged Cervical Glands (Non-Tuberculous) ..	4	44	37	—
Heart & Circulation	(21) Defective Speech .. .. .	—	44	1	—
	Heart Disease :				
	(22) Organic .. .. .	7	6	1	1
	(23) Functional .. .. .	1	47	—	—
	(24) Anæmia .. .. .	7	21	19	1
Lungs	(25) Bronchitis .. .. .	12	78	65	—
	(26) Other Non-Tuberculous Diseases ..	3	9	13	—
	Pulmonary :—				
	(27) Definite .. .. .	—	—	—	—
	(28) Suspected .. .. .	—	—	—	—
Tuberculosis	Non-Pulmonary :—				
	(29) Glands .. .. .	—	8	1	1
	(30) Bones and Joints .. .. .	—	3	1	—
	(31) Skin .. .. .	—	—	—	—
	(32) Other Forms .. .. .	—	2	—	—
TOTAL (Heads 29 to 32) .. ..		—	13	2	1
Nervous System	(33) Epilepsy .. .. .	—	5	—	—
	(34) Chorea .. .. .	—	4	10	—
	(35) Other Conditions .. .. .	10	70	59	1
Deformities	(36) Rickets .. .. .	—	60	—	2
	(37) Spinal Curvature .. .. .	—	—	—	—
	(38) Other Forms .. .. .	6	39	7	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, cleanliness and Dental Diseases)		23	105	808	6
Total .. .. .		429	1698	2141	37

TABLE II.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR  
IN THE ROUTINE AGE GROUPS.(see *Administrative Memorandum No. 124, dated 31st December, 1934*).

Age Groups.	Number of Children In- spected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants .. ..	1329	424	31.9	784	59	117	8.8	4	0.3
Second Age-group	1403	449	32	742	52.9	205	14.6	7	0.5
Third Age-group ..	1325	428	32.3	699	52.7	189	14.3	9	0.7
Other Routine Inspections ..	—	—	—	—	—	—	—	—	—
TOTAL ..	4057	1301	32	2225	54.8	511	12.6	20	0.5

TABLE III.

## Return of all Exceptional Children in the area, Year ended December 31st, 1936.

## BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

## PARTIALLY SIGHTED CHILDREN.

In this Section are entered children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
3	—	5	1	1	10

**Table III.—continued.**  
**DEAF CHILDREN.**

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	2	—	—	8

**PARTIALLY DEAF CHILDREN.**

In this Section are entered children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	2	—	—	3

**MENTALLY DEFECTIVE CHILDREN.**

**Feeble-Minded Children.**

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	61	1	7	69

**EPILEPTIC CHILDREN.**

**Children Suffering from Severe Epilepsy.**

This Section refers only to children who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	1	3

Table III.—continued.

## PHYSICALLY DEFECTIVE CHILDREN.

## A. Tuberculous Children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.  
(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
—	10	4	4	18

## II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
—	112	20	15	147

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

## B. Delicate Children.

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children are included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	14	—	1	15

## C. Crippled Children.

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	33	1	4	38



Table III.—continued.

## D. Children with Heart Disease.

This Section is confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	8	—	5	13

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

## At Certified Special Schools.

Heart Disease and Mental Deficiency .. .. 1

## At Public Elementary Schools.

Deaf and Dumb and Feeble-minded .. .. 1

## At Other Institutions.

Deaf and Dumb and Feeble-minded .. .. 1

TABLE IV.

## TREATMENT TABLES.

## GROUP 1. MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect  1	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme 2	Otherwise 3	Total 4
<i>Skin :</i>			
Ringworm—Scalp			
(i.) X-Ray Treatment. If none, indicate by dash .. ..	—	—	—
(ii.) Other Treatment .. ..	7	—	7
Ringworm—Body .. ..	20	—	20
Scabies .. ..	59	—	59
Impetigo .. ..	100	1	101
Other Skin Diseases .. ..	178	1	179
<i>Minor Eye Defects :</i>			
(External and other, but excluding cases falling in Group II.) ..	154	3	157
<i>Minor Ear Defects</i> .. ..	203	5	208
<i>Miscellaneous :</i>			
(e.g., minor injuries, bruises, sores, chilblains, etc.) .. ..	1443	—	1443
Total .. ..	2164	10	2174

Table IV.—continued.

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint) ..	333	41	374
Other defects or disease of the eyes (excluding those recorded in Group I) .. .. .	9	—	9
Total .. .. .	342	41	383

	Under the Authority's Scheme.	Otherwise	Total.
No. of Children for whom spectacles were			
(a) Prescribed .. .. .	332	39	371
(b) Obtained .. .. .	248	39	275

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital 1				By Private Practitioner or Hospital apart from the Authority's Scheme. 2				Total. 3					
(i.) 5	(ii.) 3	(iii.) 57	(iv.) —	(i.) 1	(ii.) 3	(iii.) 34	(iv.) 1	(i.) 6	(ii.) 6	(iii.) 91	(iv.) 1	4	5
												—	104

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids.

(iv.) Other Defects of the Nose and Throat.

GROUP IV. Orthopædic and Postural Defects.

	(1) Under the Authority's Scheme.			(2) Otherwise.			Total Number treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopædic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopædic Clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated ...	—	—	—	—	4	2	6

**TABLE V.**  
**Dental Inspection and Treatment.**

(I) Number of Children Inspected by the Dentist :—

Routine Age Groups										
Aged :	(5), 924;	(6), 983;	(7), 952;	(8), 901;	}	Total ..	6531			
	(9), 547;	(10), 505;	(11), 487;	(12), 587;						
	(13), 519;	(14), 126								
Specials	..	..	..	..	..	..	1404			
Total (Routine and Specials)							..	..	7935	
<hr/>										
2.	Number found to require treatment				..	..	..	4478		
3.	Number actually treated				..	..	..	4323		
4.	Attendances made by children for treatment				..	..	5841			
5.	Half-days devoted to :—									
	Inspection	..	..	..	..	79	}	Total	784	
	Treatment	..	..	..	..	705				
6.	Fillings :—									
	Permanent teeth	..	..	..	..	2266	}	Total	2275	
	Temporary teeth	..	..	..	..	9				
7.	Extractions :—									
	Permanent teeth	..	..	..	..	1721	}	Total	8404	
	Temporary teeth	..	..	..	..	6683				
8.	Administrations of general anaesthetics for extractions							..	3617	
9.	Other operations :—									
	Permanent teeth	..	..	..	..	307	}	Total	307	
	Temporary teeth	..	..	..	..	—				

**TABLE VI.**  
**Uncleanliness and Verminous Conditions.**

(i.) Average number of visits per school made during the year by the School Nurses	..	..	..	..	..	..	14.2
(ii.) Total number of examinations of children in the Schools by School Nurses	..	..	..	..	..	..	33182
(iii.) Number of individual children found unclean	..	..	..	..	..	..	609
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	..	..	..	..	..	..	—
(v.) Number of cases in which legal proceedings were taken :—							
(a) Under the Education Act, 1921							—
(b) Under School Attendance Byelaws							—

## WINTRINGHAM SECONDARY SCHOOL.

TABLE A.

Return of Defects found in the course of Medical Inspection.

Defect or Disease.	CODE GROUPS.		SPECIALS.	
	Number referred for Treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for Treatment.	Number requiring to be kept under observation.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION .. ..	—	10	—	—
UNCLEANLINESS { Head ..	—	—	—	—
{ Body ..	—	—	—	—
SKIN { Head .. ..	—	—	—	—
{ Body .. ..	—	—	—	—
Ringworm .. ..	—	—	—	—
Scabies .. ..	—	—	—	—
Impetigo .. ..	—	—	—	—
Other Disease .. ..	1	4	—	—
EYE.				
Defective Vision and Squint ..	11	30	—	—
Eye Disease .. ..	—	1	—	—
EAR.				
Defective Hearing .. ..	—	—	—	—
Ear Disease .. ..	1	1	—	—
TEETH.				
Dental Disease .. ..	78	1	—	—
NOSE AND THROAT.				
Enlarged Tonsils .. ..	1	22	—	—
Adenoids .. ..	—	2	—	—
Enlarged Tonsils and Adenoids ..	1	—	—	—
Defective Speech .. ..	—	—	—	—
Other Diseases or Defects ..	1	—	—	—
HEART AND CIRCULATION.				
Heart Disease .. ..	—	3	—	—
Organic .. ..	—	1	—	—
Functional .. ..	—	—	—	—
Anæmia .. ..	2	2	—	—
LUNGS.				
Pulmonary Tuberculosis	—	—	—	—
Definite .. ..	—	—	—	—
Suspected .. ..	—	—	—	—
Bronchitis .. ..	—	2	—	—
Other Disease .. ..	—	1	—	—
NERVOUS SYSTEM.				
Epilepsy .. ..	—	—	—	—
Chorea .. ..	—	—	—	—
Other Disease .. ..	—	1	—	—
NON-PULMONARY TUBERCULOSIS.				
Glands .. ..	—	6	—	—
Bones and Joints .. ..	—	—	—	—
Other Forms .. ..	—	—	—	—
DEFORMITIES due to RICKETS	—	2	—	—
OTHER DEFORMITIES ..	—	5	—	—
OTHER DEFECTS or DISEASES	8	16	—	—



Table A.—*continued.*

## Number of Children examined not including Specials.

## AGE GROUPS.

	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Males ..	1	3	7	4	6	5	5	40	31	23	14	15	6	3
Females	—	5	2	7	4	13	9	32	39	13	15	27	17	1
Total	1	8	9	11	10	18	14	72	70	36	29	42	23	4

TABLE B.

## Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

	Number Inspected.	No. found to require Treatment.	% found to require Treatment.
Boys at all ages ..	163	45	27.6
Girls at all ages ..	184	59	32.1
Total (Code Groups)	347	104	29.9
Other Routine Insps.	nil	nil	nil
Totals .. ..	347	104	29.9

TABLE C.

Group. (1)	Inspected. (2)	Found to require Treatment. (3)	% of Children found to require Treatment. (4)
CODE GROUPS.			
Entrants .. ..	29	—	—
Intermediates .. ..	114	6	5.3
Leavers .. ..	204	20	9.8
Total (Code Groups)	347	26	7.5
Other Routine Insps.	nil	nil	nil

Number of Re-Inspections ..	..	..	116
" Special Inspections ..	..	..	—
" Parents present ..	..	..	17 (Boys).
" " " ..	..	..	36 (Girls).

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**STATISTICAL TABLES.**

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TABLE I.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1936 AND PREVIOUS YEARS.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT.				
		Un-corrected Number.	Nett.	Number.	Rate.	of Non-residents registered in the District.	of Resi-dents not registered in the District.	Under 1 Year of Age.		At all Ages.		
								Number.	Rate per 1,000 Net Births.	Number.	Rate.	
1	2	3	4	5	6	7	8	9	10	11	12	13
1919	79,290	..	1772	22.3	1045	13.1	72	50	143	80	1023	12.9
1920	81,950	..	2383	29.0	1148	14.0	79	49	216	90	1118	13.6
1921	82,330	..	2173	26.3	980	11.9	55	55	222	102	980	11.9
1922	83,600	..	2003	24.0	1130	13.5	62	45	187	93	1113	13.3
1923	84,650	..	1962	23.1	925	10.9	58	47	153	78	914	10.7
1924	85,620	..	1845	21.5	1125	13.1	79	47	183	99	1093	12.7
1925	86,810	..	1792	20.6	973	11.2	69	50	127	71	954	10.9
1926	87,190	..	1728	19.8	1058	12.1	59	54	157	91	1053	12.0
1927	88,340	1660	1654	18.7	1042	11.7	88	82	109	66	1036	11.7
1928	90,270	1733	1702	18.8	1052	11.6	75	48	132	77	1025	11.3
1929	91,440	1696	1673	18.2	1324	14.4	107	56	148	88	1273	13.9
1930	91,440	1745	1745	19.0	1125	12.3	69	44	129	74	1100	12.0
1931	92,280	1634	1650	17.8	1126	12.2	53	37	100	61	1110	12.0
1932	92,250	1584	1652	17.9	1198	12.9	88	48	111	67	1158	12.5
1933	93,090	1608	1671	17.9	1201	12.9	89	48	114	68	1160	12.4
1934	93,700	1753	1738	18.5	1096	11.6	89	32	86	49	1039	11.0
1935	93,900	1656	1621	17.2	1165	12.4	96	45	102	63	1114	11.8
1936	93,690	1677	1677	17.9	1153	12.3	105	30	113	67	1078	11.5
Area of District in acres (land and inland water)		5,468		Total population at all ages		..	..	92,458	At Census of 1931			
				Number of inhabited houses		..	..	21,129				
				Number of families, or separate occupiers		..	..	22,027				

TABLE II.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1936.

NOTIFIABLE DISEASES.	Number <sup>7</sup> of Cases notified.												Total Cases notified in each Ward of the Borough.												Total Cases removed to Hospital.			
	At all ages.	At Ages—Years.											Alexandra.	Central.	Clee.	Coates.	Hainton.	Humber.	North-East.	Scartho.	South.	South-West.	Victoria.	Wellington.		Weelsby.	Wellow.	
		Under 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.																65 & upwards.
Small Pox .. ..	—	—	—	—	—	—	—	—	—	—	—	—	29	10	29	3	11	7	2	5	35	8	8	31	24	9	154	
Scarlet Fever .. ..	211	1	11	19	20	1	94	43	8	10	3	2	—	7	5	3	—	8	1	1	1	8	2	1	7	—	47	
Diphtheria inc. Mem. Crp	48	1	—	5	2	3	17	6	6	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Enteric Fever (Typhoid and Paratyphoid)	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Prim. Pneumonia	32	—	2	2	1	1	9	3	1	6	3	2	2	1	1	3	—	5	3	—	11	1	2	5	—	1	11	
Acute Infl'zal Pneumonia	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Fever.. ..	6	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	2	1	—	—	—	—	5	
Puerperal Pyrexia .. ..	23	—	—	—	—	—	—	—	—	4	2	—	—	—	—	—	—	—	—	—	11	3	—	1	—	2	11	
Cerebro-Spinal Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	
Acute Polymyelitis .. ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ophthalmia Neonatorum	15	15	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	1	—	—	5	3	—	2	—	—	1	
Erysipelas .. ..	35	—	1	1	—	—	—	—	—	4	8	13	8	6	1	6	—	6	2	—	3	4	1	5	1	—	15	
Chicken Pox .. ..	683	19	29	30	38	52	429	69	11	5	—	1	—	62	12	48	50	74	24	7	151	64	37	83	32	30	9	
Malaria (Believed to be contracted abroad) ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	
Totals .. ..	1060	36	32	49	60	76	549	121	28	58	21	19	11	109	31	93	53	24	102	33	14	228	86	49	130	66	42	257*

\* Includes 5 cases admitted to Institutions as follows:—  
 Grimsby and District Hospital .. Pneumonia 1.      Scartho Road Infirmary .. Pneumonia 4.      Puerperal Pyrexia .. 1.





TABLE III.—CAUSES OF AND AGES AT DEATH DURING THE YEAR 1936.

Causes of Death.		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.											
		All Ages.			Under 1 year	1 and under 2.	3 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards	Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District 13
		Total.	Males	Females									
1		2	3	4	5	6	7	8	9	10	11	12	13
ALL CAUSES {	Certified .. ..	1075	565	510	111	22	24	18	33	101	273	493	475
	Uncertified .. ..	3	1	2	2	..	..	..	..	..	..	1	..
1. Typhoid & Paratyphoid Fevers		1	..	1	..	..	..	..	..	..	..	1	1
2. Measles .. .. .		13	8	5	3	5	..	..	..	..	..	..	4
3. Scarlet Fever .. .. .		1	1	..	..	..	..	1	..	..	..	..	1
4. Whooping Cough .. .. .		5	2	3	2	1	1	1	..	..	..	..	3
5. Diphtheria .. .. .		2	2	..	..	..	2	..	..	..	..	..	2
6. Influenza .. .. .		3	2	1	..	..	1	..	..	1	..	1	..
7. Encephalitis Lethargica .. .. .		..	..	..	..	..	..	..	..	..	..	..	..
8. Cerebro-spinal Fever .. .. .		..	..	..	..	..	..	..	..	..	..	..	..
9. Tuberculosis of Resp. system..		49	30	19	..	..	1	..	10	19	17	2	27
10. Other Tuberculous Diseases ..		15	9	6	..	..	1	5	4	3	2	..	13
11. Syphilis.. .. .		5	3	2	..	..	..	..	..	..	4	1	3
12. General Paralysis of the Insane, Tabes Dorsalis .. .. .		11	8	3	..	..	..	..	..	..	9	2	3
13. Cancer, Malignant Disease ..		146	71	75	..	..	..	..	2	13	59	72	70
14. Diabetes .. .. .		22	10	12	..	..	1	..	1	1	5	14	9
15. Cerebral Haemorrhage, etc. ..		92	40	52	..	..	..	..	..	1	37	54	28
16. Heart Disease .. .. .		113	61	52	..	..	..	1	1	13	47	51	36
17. Aneurysm .. .. .		6	2	4	..	..	..	..	1	1	3	1	1
18. Other Circulatory Diseases ..		12	7	5	..	..	..	..	2	3	4	3	5
19. Bronchitis.. .. .		63	37	26	5	1	..	1	..	3	13	40	16
20. Pneumonia (all forms) .. ..		76	35	41	23	8	8	1	2	5	18	11	22
21. Other Respiratory Diseases ..		5	5	..	1	..	..	..	..	1	2	1	2
22. Peptic Ulcer .. .. .		7	7	..	..	..	..	..	..	2	5	..	7
23. Diarrhoea, etc. .. .. .		16	10	6	12	2	1	..	..	..	..	1	5
24. Appendicitis .. .. .		6	3	3	..	..	1	3	1	1	..	..	10
25. Cirrhosis of Liver .. .. .		3	3	..	..	..	..	..	..	..	1	2	2
26. Other Diseases of Liver, etc. ..		4	3	1	..	..	..	..	..	1	1	2	2
27. Other Digestive Diseases .. ..		19	11	8	..	..	..	..	..	3	7	9	17
28. Acute and Chronic Nephritis..		35	18	17	..	..	..	..	..	7	11	17	9
29. Puerperal Sepsis .. .. .		6	..	6	..	..	..	..	1	5	..	..	4
30. Other Puerperal Causes .. ..		1	..	1	..	..	..	..	1	..	..	..	1
31. Congenital Debility, Premature Birth, Malformation, etc. ..		64	38	24	61	1	..	..	..	..	..	..	29
32. Senility .. .. .		178	84	94	..	..	..	..	..	..	..	178	72
33. Suicide .. .. .		7	4	3	..	..	..	..	1	2	4	..	3
34. Other Violence.. .. .		31	18	13	1	3	2	3	2	5	6	9	28
35. Other Defined Diseases .. ..		63	34	29	5	1	..	2	4	11	18	22	40
36. Causes ill-defined or unknown		..	..	..	..	..	..	..	..	..	..	..	..
Totals ....		1078	566	512	113	22	24	18	33	101	273	494	475
Sub-entries (included above)— Erysipelas (in 35) .. ..		1	..	1	1	..	..	..	..	..	..	..	1



TABLE IV.—INFANTILE MORTALITY DURING THE YEAR 1936.  
 Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.		Under 1 week	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 year.
I		2	3	4	5	6	7	8	9	10	11
ALL CAUSES	{ Certified .. Uncertified ..	36 1	10 ..	12 ..	5 ..	63 1	9 ..	15 ..	13 ..	12 ..	112 1
Measles .. .. .	..	..	..	..	..	..	..	..	2	1	3
Whooping Cough .. .. .	..	..	..	..	..	..	..	..	1	1	2
Diphtheria .. .. .	..	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Nervous System	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Intestines and Peritoneum .. .. .	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..	..
Syphilis .. .. .	..	..	..	..	..	..	..	..	..	..	..
Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..
Convulsions .. .. .	..	1	1	..	..	2	2	..	..	..	4
Bronchitis .. .. .	..	..	1	2	..	3	1	..	..	1	5
Pneumonia .. .. .	..	..	1	..	1	2	5	4	6	6	23
Other Respiratory Diseases	..	..	..	1	..	1	..	..	..	..	1
Inflammation of the Stomach ..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea and Enteritis .. .. .	..	..	..	1	..	1	..	6	2	3	12
Hernia, Intestinal Obstruction	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations .. ..	..	2	1	3	1	7	..	1	2	..	10
Congenital Debility a n d Sclerema .. .. .	..	5	..	2	..	7	..	..	..	..	7
Icterus .. .. .	..	..	..	..	..	..	..	..	..	..	..
Premature Birth .. .. .	..	22	3	3	2	30	..	..	..	..	30
Injury at Birth .. .. .	..	3	..	..	..	3	..	..	..	..	3
Disease of Umbilicus .. .. .	..	..	..	..	..	..	..	..	..	..	..
Atelectasis .. .. .	..	4	3	..	..	7	1	..	..	..	8
Suffocation—in bed or not stated how .. .. .	..	..	..	..	..	..	..	1	..	..	1
Other causes .. .. .	..	..	..	..	1	1	..	3	..	..	4
Totals .. .. .	..	37	10	12	5	64	9	15	13	12	113

Nett Births in the year	{ Legitimate .. 1,566 Illegitimate 111 }	1,677
Nett Deaths in the year of	{ Legitimate Infants 108 Illegitimate Infants 5 }	113



TABLE VI.—TOTAL DEATHS BY CAUSE AND AGE IN THE  
COUNTY BOROUGH OF GRIMSBY, 1936.  
(This List prepared by the Registrar-General is included in the Report at the request of the  
Ministry of Health).

CAUSES OF DEATH.	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	568	64	8	11	13	16	14	25	60	104	124	129
	F	515	48	15	13	6	18	27	32	43	73	101	139
1. Typhoid and paratyphoid fevers	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
2. Measles .. ..	M	8	2	3	3	—	—	—	—	—	—	—	—
	F	5	1	2	2	—	—	—	—	—	—	—	—
3. Scarlet Fever .. ..	M	1	—	—	—	1	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough .. ..	M	3	2	—	1	—	—	—	—	—	—	—	—
	F	3	—	1	1	1	—	—	—	—	—	—	—
5. Diphtheria .. ..	M	2	—	—	2	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
6. Influenza .. ..	M	4	—	1	—	—	—	—	1	—	—	1	1
	F	2	—	—	1	—	—	—	—	1	—	—	—
7. Encephalitis lethargica .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	1	—	—	—
8. Cerebro-spinal fever .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	—	—
9. Tuberculosis of respiratory system	M	28	—	—	—	—	3	3	7	9	4	2	—
	F	19	—	—	—	—	6	6	3	3	1	—	—
10. Other tuberculous diseases	M	12	—	—	2	3	2	1	1	2	1	—	—
	F	6	—	—	—	2	3	—	1	—	—	—	—
11. Syphilis .. ..	M	3	—	—	—	—	—	—	1	1	—	1	—
	F	2	—	—	—	—	—	—	—	1	1	—	—
12. General paralysis of the insane, tabes dorsalis	M	8	—	—	—	—	—	—	—	3	3	2	—
	F	3	—	—	—	—	—	—	—	1	2	—	—
13. Cancer, malignant disease ..	M	69	—	—	—	—	1	1	2	6	19	27	13
	F	76	—	—	—	—	1	3	7	11	22	17	15
14. Diabetes .. ..	M	9	—	—	—	—	—	—	—	—	1	6	2
	F	11	—	—	—	—	1	1	—	—	4	5	—
15. Cerebral hæmorrhage, etc.	M	29	—	—	—	—	—	—	—	5	6	7	11
	F	44	—	—	—	—	—	—	1	6	9	13	15
16. Heart disease .. ..	M	117	—	—	—	2	2	—	—	11	35	36	31
	F	102	—	—	—	—	1	5	5	8	10	28	45
17. Aneurysm .. ..	M	2	—	—	—	—	—	—	—	1	—	1	—
	F	3	—	—	—	—	—	—	1	1	—	1	—
18. Other circulatory diseases ..	M	17	—	—	—	—	—	—	2	—	2	6	7
	F	19	—	—	—	—	—	—	—	1	6	9	3
19. Bronchitis .. ..	M	28	4	—	—	—	1	1	1	1	4	9	7
	F	22	2	1	—	1	—	—	—	1	1	6	10
20. Pneumonia (all forms) .. ..	M	36	11	2	1	1	1	—	2	5	8	2	3
	F	39	10	7	7	—	—	2	3	1	3	3	3
21. Other respiratory diseases ..	M	7	—	1	—	—	—	—	—	1	3	1	1
	F	5	—	—	—	—	—	1	—	—	1	—	3
22. Peptic ulcer .. ..	M	8	—	—	—	—	—	1	1	4	1	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
23. Diarrhœa, etc. .. ..	M	9	7	1	—	—	—	—	—	1	—	—	—
	F	5	4	—	1	—	—	—	—	—	—	—	—
24. Appendicitis .. ..	M	3	—	—	—	2	1	—	—	—	—	—	—
	F	3	—	—	1	1	—	1	—	—	—	—	—
25. Cirrhosis of liver .. ..	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
26. Other diseases of liver, etc.	M	4	—	—	—	—	—	—	1	—	—	1	2
	F	1	—	—	—	—	—	—	—	—	—	—	—
27. Other digestive diseases .. ..	M	13	2	—	—	—	—	2	3	2	2	1	1
	F	14	1	—	—	—	—	1	1	2	2	3	4
28. Acute and chronic nephritis	M	13	—	—	—	—	—	1	2	1	2	1	6
	F	15	—	—	—	—	—	—	3	—	4	5	3
29. Puerperal sepsis .. ..	F	5	—	—	—	—	2	2	1	—	—	—	—
30. Other puerperal causes .. ..	F	2	—	—	—	—	1	1	—	—	—	—	—
31. Congenital debility, premature birth, malformations, &c.	M	34	34	—	—	—	—	—	—	—	—	—	—
	F	21	21	—	—	—	—	—	—	—	—	—	—
32. Senility .. ..	M	40	—	—	—	—	—	—	—	—	—	6	34
	F	35	—	—	—	—	—	—	—	—	—	5	30
33. Suicide .. ..	M	4	—	—	—	—	1	1	—	—	2	—	—
	F	3	—	—	—	—	—	1	—	2	—	—	—
34. Other violence .. ..	M	19	—	—	2	3	3	2	1	3	1	2	2
	F	11	1	3	—	—	—	1	1	—	1	—	4
35. Other defined diseases .. ..	M	37	2	—	—	1	1	1	—	4	10	10	8
	F	35	8	1	—	—	3	2	5	3	5	6	2
36. Causes ill-defined, or unknown .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—



TABLE V. (1936).		NETT DEATHS, <i>i.e.</i> , DEATHS ACTUALLY BELONGING TO THE DISTRICT.																	AGES.									
CAUSES OF DEATH.		LOCALITIES.																										
		Alexandra	Central	Glee	Coates	Hainton	Humber	North-East	South	South-West	Scartho	Victoria	Weelsby	Wellow	Wellington	INSTITUTIONS				Total at all Ages	Under 1 Year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and up.
All causes	Certified .. .. .	57	43	73	19	49	46	39	91	39	23	59	62	37	45	104	218	44	27	1075	111	22	24	18	33	101	273	493
	Uncertified .. .. .	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	3	2	—	—	—	—	—	—	1
1	Typhoid and Paratyphoid Fevers ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1
2	Measles .. .. .	1	—	1	—	—	2	2	2	1	—	—	—	—	—	—	—	4	—	13	3	5	5	—	—	—	—	—
3	Scarlet Fever .. .. .	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—
4	Whooping Cough .. .. .	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	2	—	5	2	1	1	1	—	—	—	—
5	Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	2	—	—	—	—	—
6	Influenza .. .. .	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	3	—	—	1	—	—	1	—	1
7	Encephalitis Lethargica .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Cerebro-spinal Fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Tuberculosis of respiratory system ..	1	—	3	1	1	3	1	6	2	1	—	3	—	4	—	3	20	—	49	—	—	1	—	10	19	17	2
10	Other Tuberculous Diseases .. .. .	—	1	2	—	—	—	—	2	—	—	—	—	—	—	3	2	5	—	15	—	—	1	5	4	3	2	—
11	Syphilis .. .. .	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	2	—	—	5	—	—	—	—	—	—	4	1
12	General Paralysis of the insane, tabes dorsalis .. .. .	—	1	1	—	—	1	1	—	—	—	2	2	—	—	1	2	—	—	11	—	—	—	—	—	—	9	2
13	Cancer, Malignant Disease .. .. .	8	6	12	3	3	2	4	16	5	3	7	13	6	8	15	34	1	—	146	—	—	—	—	2	13	59	72
14	Diabetes .. .. .	—	2	3	—	—	2	1	3	—	—	—	3	—	—	3	5	—	—	22	—	—	1	—	1	1	5	14
15	Cerebral Hæmorrhage, etc. .. .. .	4	4	5	2	11	4	5	11	1	3	3	5	5	4	3	22	—	—	92	—	—	—	—	—	1	37	54
16	Heart Disease .. .. .	5	6	12	1	9	3	3	7	4	4	12	8	1	8	6	24	—	—	113	—	—	—	1	1	13	47	51
17	Aneurysm .. .. .	—	1	—	—	—	1	—	—	—	1	1	—	1	—	—	1	—	—	6	—	—	—	—	1	1	3	1
18	Other circulatory diseases .. .. .	1	—	1	—	—	1	—	3	—	—	—	—	—	2	3	1	—	—	12	—	—	—	—	2	3	4	3
19	Bronchitis .. .. .	8	7	3	1	3	6	3	3	2	—	4	2	3	2	1	14	—	1	63	5	1	—	1	—	3	13	40
20	Pneumonia (all forms) .. .. .	3	3	7	4	1	4	2	2	5	2	15	1	6	4	5	7	4	1	76	23	8	8	1	2	5	18	11
21	Other respiratory diseases .. .. .	—	1	—	—	—	1	1	—	—	—	—	1	—	—	—	1	—	—	5	1	—	—	—	—	1	2	1
22	Peptic Ulcer .. .. .	—	1	—	—	1	—	—	—	—	—	—	—	—	—	5	—	—	—	7	—	—	—	—	—	2	5	—
23	Diarrhoea, etc. .. .. .	1	1	—	1	—	1	—	1	2	—	2	—	—	2	—	5	—	—	16	12	2	1	—	—	—	—	1
24	Appendicitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	1	—	1	6	—	—	1	3	1	1	—	—
25	Cirrhosis of Liver .. .. .	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	3	—	—	—	—	—	—	1	2
26	Other diseases of liver, etc. .. .. .	—	—	—	—	—	—	1	2	—	—	—	—	—	—	1	—	—	—	4	—	—	—	—	—	1	1	2
27	Other digestive diseases .. .. .	1	—	—	—	1	—	—	—	—	—	—	3	1	1	9	3	—	—	19	—	—	—	—	—	3	7	9
28	Acute and Chronic Nephritis .. .. .	7	—	2	1	1	1	1	3	2	2	2	3	2	—	6	2	—	—	35	—	—	—	—	—	7	11	17
29	Puerperal Sepsis .. .. .	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	2	—	6	—	—	—	—	1	5	—	—
30	Other puerperal causes .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—
31	Congenital Debility, premature birth, malformations, etc. .. .. .	5	—	3	2	2	2	3	3	5	1	3	1	—	4	3	2	—	23	62	61	1	—	—	—	—	—	—
32	Senility .. .. .	10	9	14	3	10	6	5	14	8	3	7	6	9	5	1	68	—	—	178	—	—	—	—	—	—	—	178
33	Suicide .. .. .	—	—	—	—	1	2	1	—	—	—	—	2	—	—	1	—	—	—	7	—	—	—	—	1	2	4	—
34	Other Violence .. .. .	—	—	—	—	3	1	—	2	1	1	1	3	1	—	14	4	—	—	31	1	3	2	3	2	5	6	9
35	Other defined causes .. .. .	1	—	5	—	1	3	4	8	—	1	1	3	1	1	17	14	3	—	63	5	1	—	2	4	11	18	22
36	Causes ill-defined, or unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
37	Totals .. .. .	57	43	74	19	49	47	39	91	39	23	60	62	37	45	104	218	44	27	1078	113	22	24	18	33	101	273	494
38	Special Causes (included above) :—																											
39	Erysipelas (in 35) .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—





TABLE VII.

TABLE SHOWING ACREAGE, POPULATION, DENSITY, BIRTH AND DEATH RATES,  
AND INFANTILE DEATH RATES IN WARDS, 1936.

Ward.	Acreage.	* Estimated Popula- tion.	Density.	Birth Rate per 1000.	† Death Rate per 1000.	Infantile Death Rate per 1000Births
Alexandra ..	315	7,900	25	17·2	7·2	80
Central ..	86	6,350	75	16·6	6·7	18
Clee ..	370	11,000	30	15·5	6·7	76
Coates ..	266	3,200	12	20·8	5·9	85
Hainton ..	116	5,850	50	10·5	8·6	32
Humber ..	109	8,350	76	19·1	5·6	62
North-East ..	232	5,550	24	20·3	7·0	88
South ..	1822	10,150	5	29·5	8·9	56
South-West ..	79	6,000	76	22·8	6·5	79
Scarthoe ..	985	2,300	2	17·8	10·0	48
Victoria ..	128	6,300	49	20·3	9·3	125
Weelsby ..	678	7,700	11	8·1	8·0	15
Wellow ..	200	4,640	23	7·1	7·9	60
Wellington ..	82	8,400	102	18·6	5·3	63

\* Based on Registrar General's estimate of total population.

† Excluding deaths occurring in Institutions in the Borough.

It will be noted that the death-rate is highest in the Scartho and Victoria Wards.

As in the previous year the infantile mortality rate is highest in the Victoria Ward, where a considerable proportion of the slum clearance areas are located. Last year the infantile mortality rate was lowest in the Weelsby and South Wards; this year it is lowest in the Weelsby and Central Wards.

It must be appreciated that there will be wide fluctuations in the figures in small areas such as these.



TABLE VIII.

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL DEATH RATES, AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1936.

(England and Wales, London, 122 Great Towns and 143 Smaller Towns).

(Provisional figures based on Weekly and Quarterly Returns).

	ENGLAND and WALES.	122 County Boroughs and Great Towns including London.	143 Smaller Towns (Resident populations 25,000 to 50,000 at 1931 Census).	London Administra- tive County.	GRIMSBY, C.B.
	Rates per 1,000 population.				
<i>Births :—</i>					
Live .. .. .	14.8	14.9	15.0	13.6	17.9
Still .. .. .	0.61	0.67	0.64	0.53	0.82
<i>Deaths :—</i>					
All causes .. ..	12.1	12.3	11.5	12.5	12.3*
Typhoid and .. ..	—	—	—	—	—
Paratyphoid fevers ..	0.01	0.01	0.00	0.01	0.01
Small-pox .. ..	—	—	—	—	—
Measles .. .. .	0.07	0.09	0.04	0.14	0.13
Scarlet fever .. ..	0.01	0.01	0.01	0.01	0.01
Whooping cough ..	0.05	0.06	0.04	0.06	0.05
Diphtheria .. ..	0.07	0.08	0.05	0.05	0.02
Influenza .. .. .	0.14	0.14	0.15	0.14	0.03
Violence .. .. .	0.52	0.45	0.39	0.52	0.40
<i>Notifications :—</i>					
Small-pox .. ..	—	—	—	—	—
Scarlet fever .. ..	2.53	2.18	2.48	2.57	2.25
Diphtheria .. ..	1.39	1.31	1.26	1.69	0.51
Enteric fever .. ..	0.06	0.05	0.06	0.06	0.02
Erysipelas .. ..	0.40	0.38	0.35	0.44	0.37
Pneumonia .. ..	1.11	1.10	0.96	0.99	0.37
	Rates per 1,000 Live Births.				
Deaths under 1 year of age	59	63	55	66	67
Deaths from Diarrhoea and Enteritis under 2 years of age .. ..	5.9	8.2	3.4	14.4	8.3
<i>Maternal Mortality :—</i>					
Puerperal sepsis ..	1.40	} Not available.			3.57
Others .. .. .	2.41				0.59
Total .. .. .	3.81				4.16
	Rates per 1,000 Total Births ( <i>i.e.</i> Live and Still).				
<i>Maternal Mortality :—</i>					
Puerperal sepsis ..	1.34	} Not available.			3.42
Others .. .. .	2.31				0.57
Total .. .. .	3.65				3.99
<i>Notifications :—</i>					
Puerperal fever ..	3.27	3.46	2.80	3.03	3.42
Puerperal pyrexia ..	9.64	9.52	7.57	11.15	13.11

\* Adjusted death-rate.

TABLE IX.

RETURN RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT GRIMSBY, DURING THE YEAR ENDED THE 31ST DECEMBER, 1936.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal.		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tot's
1. Number of cases on 1st January, under treatment or observation ..	134	109	—	—	57	25	26	7	217	141	358
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	4	3	—	—	2	—	—	—	6	3	9
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—											
Syphilis, primary .. ..	17	1	—	—	—	—	—	—	17	1	18
" secondary .. ..	6	4	—	—	—	—	—	—	6	4	10
" latent in 1st year of infection .. ..	1	—	—	—	—	—	—	—	1	—	1
" all later stages .. ..	33	17	—	—	—	—	—	—	32	17	49
" congenital .. ..	5	3	—	—	—	—	—	—	5	3	8
Soft Chancre .. ..	—	—	2	—	—	—	—	—	2	—	2
Gonorrhœa 1st year of infection	—	—	—	—	115	11	—	—	115	11	126
" later .. ..	—	—	—	—	1	—	—	—	1	—	1
Conditions other than venereal	—	—	—	—	—	—	170	51	170	51	221
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection .. ..	24	2	—	—	31	3	3	—	58	5	63
Totals of Items 1, 2, 3 and 4 ..	223	139	2	—	206	39	199	58	630	236	866
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal .. ..	9	6	—	—	43	6	166	49	218	61	279
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance suffering from :—											
Syphilis, primary .. ..	7	—	—	—	—	—	—	—	7	—	7
" secondary .. ..	—	—	—	—	—	—	—	—	—	—	—
" latent in 1st year of infection .. ..	1	2	—	—	—	—	—	—	1	2	3
" all later stages .. ..	26	12	—	—	—	—	—	—	26	12	38
" congenital .. ..	8	4	—	—	—	—	—	—	8	4	12
Soft Chancre .. ..	—	—	—	—	—	—	—	—	—	—	—
Gonorrhœa, 1st year of infection	—	—	—	—	33	7	—	—	33	7	40
" later .. ..	—	—	—	—	—	—	—	—	—	—	—
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	4	2	—	—	10	—	—	—	14	2	16
Died .. ..	2	—	—	—	—	—	—	—	2	—	2
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners ..	37	5	2	—	46	2	11	3	96	10	106
9. Number of cases remaining under treatment or observation on 31st December .. ..	129	108	—	—	74	24	22	6	225	138	363
Totals of Items 5, 6, 7, 8 & 9	223	139	2	—	206	39	199	58	630	236	866

TABLE IX.—continued.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal.		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	To'ts
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary .. ..	3	—	—	—	—	—	—	—	3	—	3
"    secondary .. ..	—	—	—	—	—	—	—	—	—	—	—
"    latent in 1st year of infection .. ..	—	—	—	—	—	—	—	—	—	—	—
"    all later stages .. ..	11	1	—	—	—	—	—	—	11	1	12
"    congenital .. ..	1	2	—	—	—	—	—	—	1	2	3
11. Number of attendances :—											
(a) for individual attention of the medical officers .. ..	2483	1758	3	—	1250	535	687	118	4423	2411	6834
(b) for intermediate treatment, e.g., irrigation, dressing .. ..	29	4	—	—	4140	878	918	—	5087	882	5969
Total Attendances .. ..	2512	1762	3	—	5390	1413	1605	118	9510	3293	12803
12. In-Patients ;											
(a) Total number of persons admitted for treatment during the year .. ..	—	—	—	—	—	—	—	—	—	—	—
(b) Aggregate number of "in-patient days" of treatment given .. ..	—	—	—	—	—	—	—	—	—	—	—
	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods .. ..	1	—	—	—	1	1	3	2	5		3
	Arsenical										
	Approved Arsenobenzene Compounds			Others			Bismuth				
14. Chief preparations used in treatment of Syphilis :—											
(a) Names of preparations .. ..	Novostab (Boots) Kharsulphan (B. W. & Co.)			Tryparsamide (May & Baker)			Chlorostab (Boots) Quinostab (Boots)				
(b) Total number of injections given (out-patients and in-patients) .. ..	2006			314			3128				
15. PATHOLOGICAL WORK :—	Microscopical.		Cultural for Gonorrhœa		Serum						Cerebro-spinal fluid
	for Syphilis	for Gonorrhœa			for Syphilis	for Gonorrhœa					
(a) Number of specimens examined at and by the medical officer of the treatment centre .. ..	Nil	Nil		Nil	Nil	Nil		Nil			Nil
(b) Number of specimens from patients attending at the centre sent for examination to an approved laboratory .. ..	20	488		442	817			217			13

TABLE IX.—continued.

STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREAS IN WHICH THE PATIENTS RESIDED.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Grimsby	Lindsey	Foreigners	Hull	Bradford	Lincoln	Sheffield	West Riding	Stoke-on-Trent	Hampshire	Glasgow	Newcastle	Leeds	Liverpool	Manchester	S. Shields	London	Gt. Yarmouth	Lowestoft	Totals
A. Number of cases from each area included under the following headings in Item 3:																				
Syphilis .. .. .	58	20	5	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	86
Soft Chancres .. .. .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Gonorrhœa .. .. .	68	40	12	—	1	—	1	—	—	—	—	2	—	—	—	—	2	—	1	127
Conditions other than venereal ..	139	53	17	—	1	—	—	1	1	1	—	1	—	2	1	1	3	—	—	221
Total .. .. .	266	113	35	1	2	—	2	1	1	1	—	3	—	2	1	2	5	—	1	436
B. Total number of attendances of all patients residing in each area ..	9569	2867	148	6	2	1	45	13	1	4	1	9	13	3	4	8	95	13	1	12803
C. Aggregate number of "In-patient days" of all patients residing in each area ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—



TABLE X.  
BACTERIOLOGICAL EXAMINATIONS, 1936.

<i>Throat Swabs for Diphtheria :—</i>	Positive.	Negative.	Total.
Grimsby Corporation Hospital .. ..	475	1168	1643
Private Practitioners .. ..	26	220	246
Scarthoe Road Infirmary .. ..	1	11	12
School Clinic .. ..	—	36	36
Tuberculosis Dispensary .. ..	1	2	3
Contacts .. ..	—	22	22
<i>Sputum for Tubercle Bacilli :—</i>			
Grimsby Corporation Hospital .. ..	168	323	491
Private Practitioners .. ..	31	182	213
Tuberculosis Dispensary .. ..	32	197	229
Scarthoe Road Infirmary .. ..	5	19	24
	739	2180	2919
<i>Biological Examinations of Milk :—</i>			
Milk examined for Tubercle Bacilli by Mr. Hines .. ..	2	18	20
Milk examined for Tubercle Bacilli by Borough Sanitary Inspector .. ..	—	5	5
	741	2203	2944
<i>Specimens sent to Outside Laboratories :—</i>			
Haemolytic Streptococci .. ..	24	28	52
Cerebro-spinal Fluid .. ..	1	—	1
Widal Reaction .. ..	3	6	9
Urine for Diazo Reaction .. ..	1	—	1
Culture for Diphtheria Virulence .. ..	17	10	27
Examination for Tubercle Bacilli .. ..	1	3	4
Examinations for Typhoid and Para- typhoid .. ..	—	4	4
Examinations for Food Poisoning .. ..	—	2	2
<i>Bacteriological Examinations of Milk sent to Outside Laboratories .. ..</i>	7	87	94
Totals .. ..	795	2343	3138

TABLE XI.  
ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1936, FOR THE  
COUNTY BOROUGH AND PORT OF GRIMSBY.

On the administration of the Factory and Workshop Act, 1901, in connection  
with **FACTORIES, WORKSHOPS AND WORKPLACES.**

—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Inspections. (2)	Number of written Notices. (3)	Occupiers prosecuted (4)
Factories (including Factory Laundries) .. ..	262	11	—
Workshops (including Workshop Laundries) .. ..	2291	60	—
Workplaces (other than Outworkers' Premises) ..	419	42	—
Total .. ..	2972	113	—

—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Found. (2)	Number of Defects. Remedied. (3)	Referred to H.M. Inspector. (4)	Number of Prosecutions. (5)
Nuisances under the Public Health Acts :—				
Want of cleanliness .. ..	64	64	—	—
Want of ventilation .. ..	9	9	—	—
Overcrowding .. ..	—	—	—	—
Want of drainage of floors .. ..	59	59	—	—
Other nuisances .. ..	354	354	—	—
Sanitary accommodation { insufficient .. ..	4	4	—	—
{ unsuitable or defective .. ..	61	61	—	—
{ not separate for sexes .. ..	3	3	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bake- house (s. 101) .. ..	None in Borough and Port			
Other offences .. ..	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).				
Total .. ..	554	554	—	—

Outwork in Unwholesome Premises, Section 108.—Nil.



